STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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6500 York Rd.

MITCHELL-WIEDEFELD HOME. INC.

STATE OF MARYLAND

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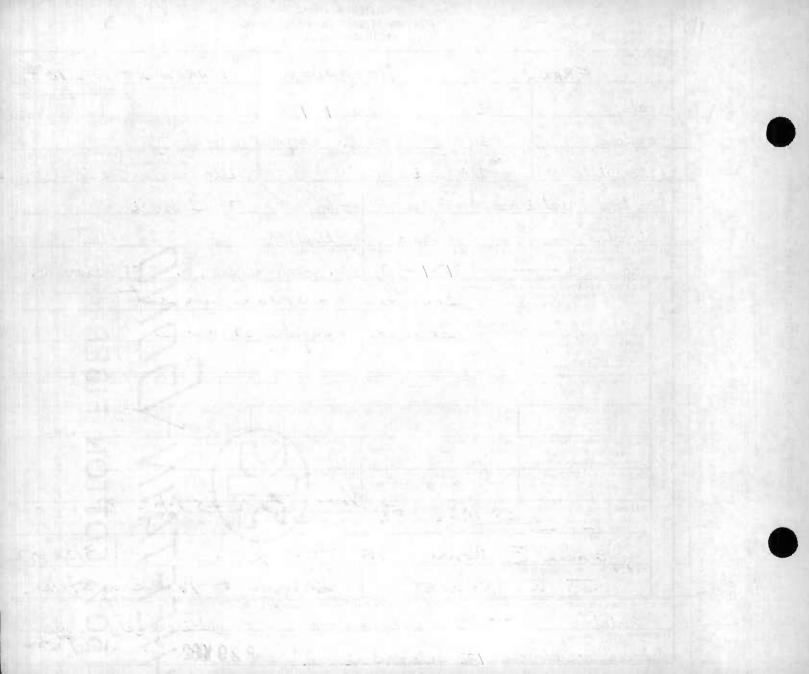
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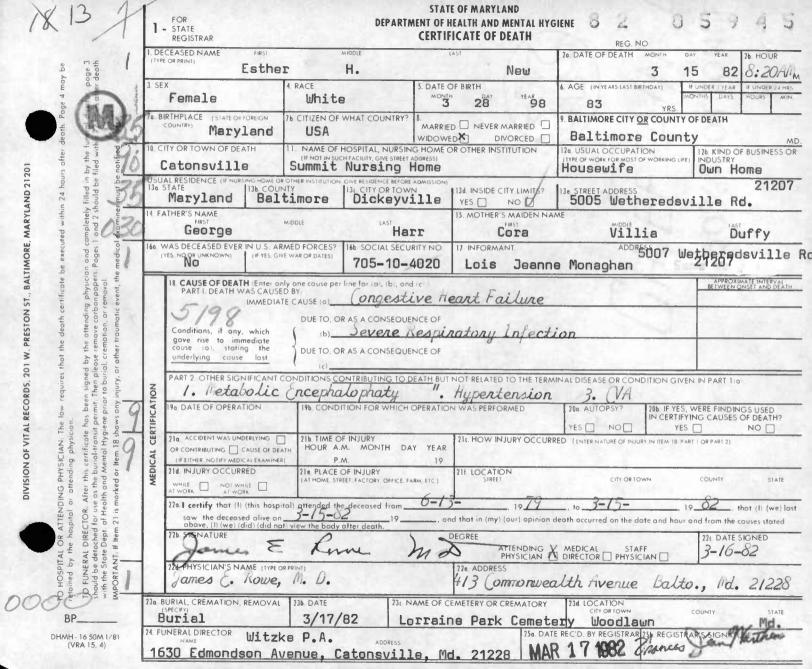
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED 3 82 MARY NEWHALL 4 RACE S DATE OF BIRTH AGE (IN YEARS IE LINDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 8/10/48 19 82 DEAD female white 33 60 M In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED DIVORCED Baltimore County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY ND 2 SHOULD BE F Owings Mills Homemaker Own Home Woods - 3210 Caves Rd USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13g STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore-Owings : Mills NO IX 3210 Caves Road Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, VITH FORM PM : PAGES 1 AND 2 MIDDLE LAST MIDDLE FIRST FIRST William G. Washington Marr Mary MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO DIVISION 217 48 2792 No Same Mr. Charles Newhall 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DE 1201 PRIOR TO BURIAL, CREMATION PART I DEATH WAS CAUSED BY Gunshot wound of head (handgun) IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). FORWARDED TO THE CHIEF MED **DR:** PAGE 3 SHOULD BE USED AS A HE STATE DEPARTMENT OF HEALT 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? ABD. YES X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TO CONTRIBUTING CAUSE OF DEATH Self-inflicted P.M. 3-13- 19 82 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) Balto. WHILE AT WORK Md. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I 3210 Caves Rd. woods 220. I certify that I took charge of the remains described above, held on Suicide X death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 3-14-82 Assistant SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. (TYPE OR PRINT) NA O 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION STATE 3/16/82 Garrison Forest St. Thomas' Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Henry W. ADD Jenkins & Sons Co. **DHMH-17** York Road Balto. . Md. 21212 (VR A15 ME (5)) 15M 2/80

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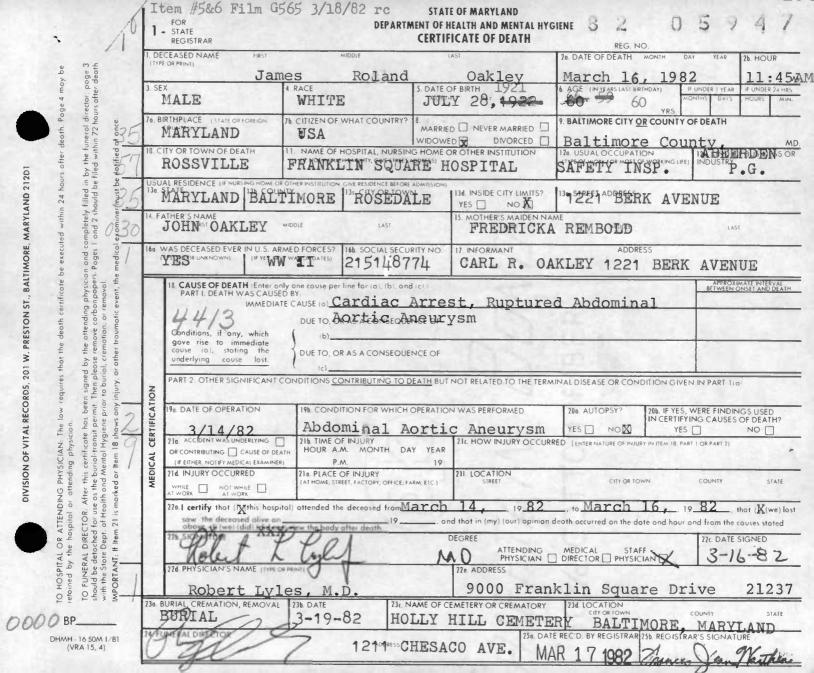
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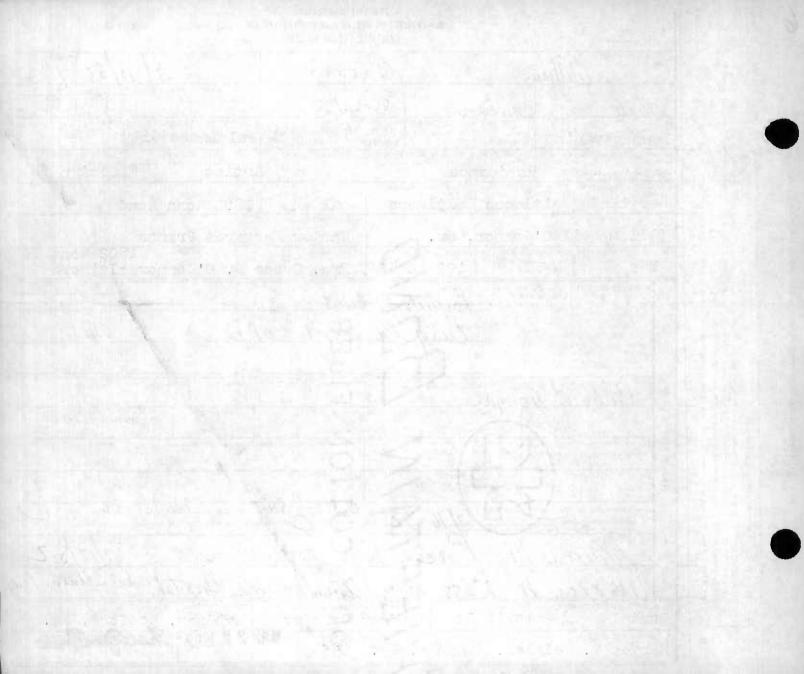


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| ge 4 m | 3. SE | male | 4. RACE CARCEL BUCCIO | 11/12/22 YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) 59 | MPL MPL |
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| 10BO | | ATHER'S NAME lliam Neil O' | Connor, Sr. | Easter Ma | rgaret Frazee | 13 |
| be execu- | 160 \ | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166. SOCIAL SECU LE WAR OR DATES) 192 12 | | ADDRESS 1802 Rona e B. O'ConnorBaltimore | Rd |
| in the regulars that the death cert in been signed by the attending permit Than please remove corbon in picce to businf, cremation, or mine prior in businf, cremation, or mine to an arriver. | CERTIFICATION | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | Tongul | NCE OF | ANNAL DISEASE OR CONDITION GIVEN IN PART 110. 200. AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT | TH? |
| HOSPITAL OR ATTENDING PHYSICIAN The guned by the hospital or otherdung physicial of FUNERAL DIRECTOR. After this certificate it and be detected for use at the bornel trained in the Sate Direct of Health and Mendal Hygies | MEDICAL CERT | saw the deceased alive on | P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F) tal) attended the deceded from 200 101 102 103 104 105 106 107 108 108 109 109 109 109 109 109 | 21f LOCATION STREET 21f LOCATION STREET 22f LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS | death occurred an the date and hour and from the causes shall be detected by the date of t | STATE (we) last) |
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| DHMH - 16 50M 1/81 (VRA 15, 4) | | | gler, Hyndman, | Pa. 15545 | M. P. 1985 Simme Sugar | Acr |



3/4/82

Henry W. Jenkins & Sons Co.

Balto., Md.

Druid Ridge

21212

FOR - STATE

BP.

DHMH-16 30M 2/80

(VRA 15, 4)

24 FUNERAL DIRECTOR

4905 York Road

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

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- STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) JAMES EDGAR OLIAS 3. SEX 4 RACE 5. DATE OF BIRTH Male October 8 Cauc. To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED Baltimore City U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE USUAL RESIDENCE 13b COUNTY Cockeysville Balto. Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE FIRST F. Olias Marie George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-16-6804 | Henrietta No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIO-RESPIRATORY AR DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which INTRAPULMONARY HEMORRHAGE gave rise to immediate cause (a), stating the SMALL CELLCARCINOMA OF LUNG underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) COUNTY CITY OR TOWN STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the descased from saw, the deceased alive an MAR 2 above, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR INCH) 22e ADDRESS ANDREW FEINGERG **GBMC** G 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

BP

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial

FOR

Parkwood Cem.

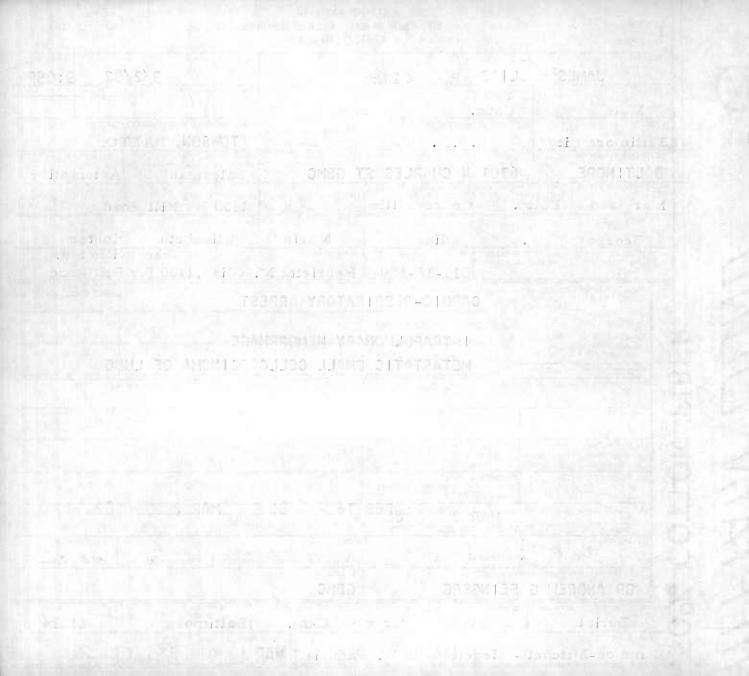
TY OR TOWN Baltimore COUNTY 21234

25a, DATE REC'D REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lemmon-Mitchell-Wiedefeld 10 W. Padonia

3/5/1982

MAR



- STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

EN.I. MI

STATE OF MARYLAND

| IT | OF | HEA | LTH | AND | MENTAL | HYGIENE | |
|----|-----|-----|-----|-----|--------|---------|--|
| E | RTI | FIC | ATE | OF | DEATH | | |

| DEPARTM | CERTIFICATE OF DEATH | REG. NO. | , , | |
|--------------|----------------------|--------------------------------|-----------------|--------------------|
| nebes | OTTE | MARCH 3, 1982 | OAY YEAR | 25 HOUR 2:35 P. |
| | 5 DATE OF BIRTH | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | sept. 20, 1881 | 100 YRS | MONTHS DAYS | HOURS MIN. |
| HAT COUNTRY? | 8 | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |

3 SEX 4 RACE Female White TO BIRTHPLACE (STATE OF FOREIGN

U. S. A.

FIRST

CHRISTINE

13b COUNTY

76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED [

BALTIMORE COUNTY 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

Homemaker

12b. KIND OF BUSINESS OR INDUSTRY Own Home

UNKNOWN

O. CITY OR TOWN OF DEATH TOWSON

Hungary

IF NOT IN SUCH FACILITY, GIVE STREET ADORESS DULANEY TOWSON NURSING CENTER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13d INSIDE CITY LIMITS? NOTXX 15 MOTHER'S MAIDEN NAME

UNKNOWN

13e STREET ADDRESS Western Run Road

Maryland 14. FATHER'S NAME UNKNOWN

13g STATE

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINT

poge 3

MIDDLE

Baltimore

UNKNOWN

Cockevsvilee

NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES YES NO

166 SOCIAL SECURITY NO 213-50-4986J

Mrs Carolyn E. Butler, 14944 Roxbury Rd.

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Acute exclusion Z weaks IMMEDIATE CAUSE 10 cardes en cular desense 30 Yrs from les he Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 149

190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

NOT WHILE

21b. TIME OF INJURY

YEAR

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS LISED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)

HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION CITY OF TOWN

COUNTY STATE

22a I certify that (1) (this hospital) attended the deceased from, sow the deceosed olive on_ abave, (1) (we) (did not) view the body after death

226. SIGNATURE

CERTIFICATION

19 82

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Teb 25

22c. DATE SIGNED 4 MACCH 1987

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Charles O'Donovan 3Rd M.D.

23b. DATE

22e. ADDRESS

Nol

DEGREE

9 E. Chase Street, Baltimore, Md.

23a. BURIAL, CREMATION, REMOVAL Cremation

3-4-82

23c NAME OF CEMETERY OR CREMATORY Loudon Park Crematory

23d LOCATION Baltimore, Maryland

and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

(VRA 15, 4)

riol-tronsit per entol Hygiene p

should be deto with the State [

IMPORTANT

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1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

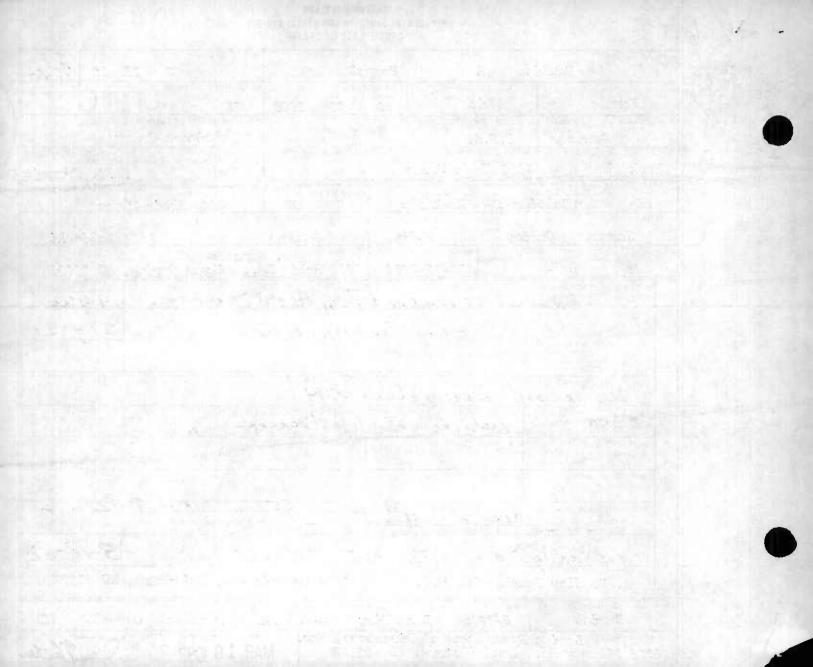
1 203, 45.2 THE THE THE CHIEF THE HERE THE THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) OF ESTI-RICKY OXIER DEATH MATED 1982 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR . SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE 15/62 PRONOUNCED white 3 4:35/ male 1.82 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIG BOTTO . Md. Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 7916 Gough Street Essex USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATMO 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BE THEY. 13c EESt Bowint YES [7916 Gough St. NO Z 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rober Oxier LAST Evelena Fortney 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 232/11/0707 502 Albermarle St. Ralto o No Judy Fortney 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal injury IMMEDIATE CAUSE (a)_ ALTH AND MENTAL HYGIEI CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAH, YES . NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL 19 82 CONTRIBUTING CAUSE OF DEATH 2:05AM housefire 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 7916 GoughStreet.Essex.BaltoCounty AT WORK MD home 22e I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Accident LXX Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL 3/1/82 MD Assistant MEDICAL EXAMINER SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto, MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236. DATE 3/3/82 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gardens Of Faith Cem. Kenwood Ave. Overlea Md. 256. REGISTRAT SIGNATURATION 24 FUNERAL DIRECTOR **DHMH-17** DELLA NOCE & SONS 322 "S" HIGH ST. (VR A15 ME (5) 15M 2/80

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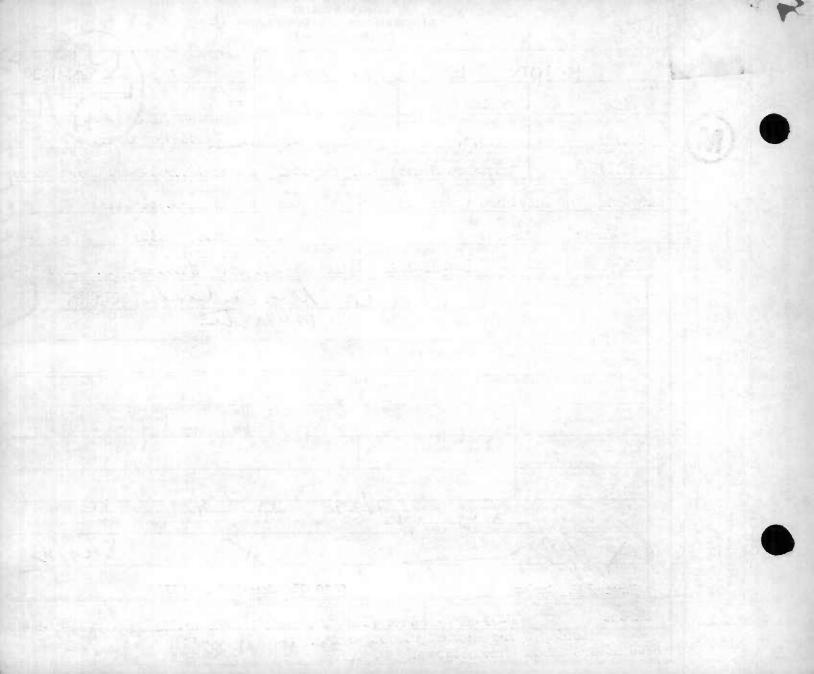
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS 8 3. SEX IF UNDER TYEAR THANK White Male April 19. To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kansas Baltimore County LO CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) Randalls town Baltimore County Gen. Hospital Stock Control-Montgomery Wards W. PRESTON ST., BALTIMORE, MARYLAND 21201 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Rockdale 3611 Marriott Lane YES [NOMM 15. MOTHER'S MAIDEN NAME Person Ruth Mi 778 Maude 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Rhea Persons (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 486-10-8141 3611 Marriott Lane Baltimore.MD. 21207 18 CAUSE OF DEATH (Enter only one couse per line for (g APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 shay ntal Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did (did not) view the body offer death W SIGNATUR DEGREE LOICAL should be deto-with the Stote ATTENDING PHYSICIAN IRECTOR PHYSICIAN 22d. PHYSICIATY'S NAME (THE CHINIT) 22e ADDRESS Howard J. Garber 5310 Old Court Rd. 21133 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3-31-82 Lake View Mem. Park. Sykesville Cannott Maryland 14 FUNERAL DIRECTOR Soring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE DHMH - 16 50M 1/81 8728 Liberty Road Randallstown, MD. 21133 (VRA 15, 4)



anding physician and campletely filled in by the funeral carbanpapers. Pages 1 and 2 should be filed within 72

| | ATE OF | REG. N | DAY | YEAR | 21 | HOUR | _ |
|---|--------|--------|---------|------|----|------|---|
| EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | ਹ | diss | U | 5 | 9 | 2 | d |
| STATE OF MAKILAND | | | | - 0 | | | |

| March 1982 | 1 | 1 - | FOR STATE REGISTRAR | | | DEPA | | EALTH AND MENTAL HYG ICATE OF DEATH | | EG. NO. | ປ ວ | 5 |
|--|----|--------|---------------------------|---------------|-------------------------------------|--|-----------------|--|---------------------------|---------------------|---------------------|--------------------------------|
| 1. SEX S. DATE OF BRITH S. DATE S. DATE OF BRITISH S. DATE S. | F | | | FIRST | | MIDDLE | l | AST | 2a DATE OF DE | ATH MONTH | DAY YEAR | 26 HOUR |
| Female Female | | | | ria | | F | fitzne | c | March | 15 | 1982 | |
| The BRITHPIACE ISSUED PROPERTY OF COUNTRY GETMANY U.S.A. U.S | 3 | 3 SEX | X | | RACE | | | | 6. AGE IN YEARS | LAST BIRTHDAY) | | IF UNDER 24 H |
| 10 OR STATE OF OREIGN OF WHAT COUNTRY 10 OR STATE OF OREIGN 10 OR STATE OF OREIGN 10 OR STATE OF OREIGN 10 OR STATE OR STATE OF OREIGN 10 OR STATE OR STA | | | Female | | White | e | Feb. | 15, 1899 TAR | 8 | 3 YRS | | HOURS |
| Sermany U.S.A. | 19 | 7a. 81 | RTHPLACE (STATE OR | FOREIGN 7 | b. CITIZEN OF | WHAT COUNTR | RY? 8 | | 9 BALTIMORE | | | |
| Parkton 13. Anamo of Hospital, Nursing Home or of the institution in the constitution of the institution | 11 | | | 10.2 | U.S. | A. | | | Baltin | nore Co | unty | |
| 134 INSIDE CITY LIMITS 138 ENDERS ADDRESS 138 ESTRET ADDRESS 138 | 20 | | | ATH | 1. NAME OF 1 F NOT IN SU 1000 | HOSPITAL, NUR ICH FACILITY, GIVE STE Hillsid | SING HOME C | R OTHER INSTITUTION | (TYPE OF WORK FOR | MOST OF WORKING | | OF BUSINESS |
| 14. FATHER'S NAME Unknown 15. MOTHER'S MADEN NAME Unknown 16. MOTHER'S MADEN NAME Unknown 17. INFORMANT ADDRESS 17. INFORMANT | 6 | 13a S | TATE | 136 COUNT | ſΥ | 13c. CITY OR TO | OWN | | 130 SIREET ADD | RESS Hillsid | e V iew Rd | . 2112 |
| Test No Or Death (Enter only one couse per ling for (a), (b), and (c) Read or F. Krug, same as #13e | 30 | 4 FA | | Unkng | gwn | LAST | | | | |) | |
| The cause of Death lenter only one couse per ling for (a), (b), and (c) 18. CAUSE OF DEATH lenter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Canditions, if ony, which gave rise to immediate couse (o), storing the underlying cause fost immediate couse (o), storing the underlying cause fost | | | | | | 16b SOCIAL SE | CURITY NO. | 17. INFORMANT | | ADDRESS | | |
| 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: | | [Y | | (IF YES, GIVE | WAR OR DATES) | 219-30- | 5109 | Theodore F. | Krug, s | same as | #13e | |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. FARM. ETC.) 21l. LOCATION STREET CITY OR TOWN | | TION | PART 2 OTHER SIGN | NIFICANT CO | ONDITIONS <u>C</u> | | | | | | | |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. FARM. ETC.) 21l. LOCATION STREET CITY OR TOWN | 7 | TIFICA | 190 DATE OF OPERA | TION | 196 COND | ITION FOR WHI | ICH OPERATIO | N WAS PERFORMED | | IN CER | TIFYING CAUSES | |
| P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21l. LOCATION STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK | 7 | | | | 44-0110 4 | | DAY YEAR | 21c HOW INJURY OCCURE | RED (ENTER NATURE | OF INJURY IN ITEM 1 | 8 PART 1 OR PART 2) | |
| 270. I certify that (I) (this hospital) attended the deceased fram 270. I certify that (I) (this hospital) attended the deceased fram 270. I certify that (I) (this hospital) attended the deceased fram 270. SIGNATURE 271. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | | CAL | (IF EITHER NOTIFY MEDI | CAL EXAMINER) | " | | | | | | | |
| 272. I certify that (I) (this hospital) attended the deceased from 19 19 1 to 3 19 19 1 tho saw the deceased alive an above. (I) (we) (I) (will not) view the body after death. 272. SIGNATURE 272. DAYE SIGNATURE 273. PHYSICIAN'S NAME (TYPE OF PRINT) 274. ADDRESS William F. Fritz, M.D. 275. SIGNATURE 276. ADDRESS William F. Fritz, M.D. 276. ADDRESS William F. Fritz, M.D. 277. NAME OF CEMETERY OR CREMATORY 278. LOCATION | | VED | | | | | CE, FARM, ETC.) | | CIT | Y OR TOWN | COUNTY | STATE |
| saw the deceased glive an above. (I) (we) (old (did nat) view the body after death. 278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR | | | AT WORK AT WO | RK | | | -7 | 67 | .0 | 11- | C. | |
| 2726. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR P | | | saw the decease | ed alive an_ | 21 | / | | d that in (my) (and opinion (| , to death occurred on | the date and h | our and from the | that (I) (ve) causes stated |
| 22d PHYSICIAN'S NAME (TYPE OR PRINT) William F. Fritz, M.D. 23e. ADDRESS 2 W. University Parkway 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION | | | | Iem | J. 7. | ner | | ATTENDING _ | | | 371. DATE | SIGNED . |
| | | N | | | | .D. | | 22e. ADDRESS | sity Parl | cway | | |
| Cremation 3-17-82 Loudon Park Crematory Baltimore, Maryland | 2 | 30. B | | REMOVAL | | 23 | | EMETERY OR CREMATORY | 23d. LOCATIO | V | Marylan | d STATE |

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove carbanable with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

Ruck Towson Funeral Home, Inc., Towson, Md. 21204

MAR 18 1982 Courses

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| And Andrews Section 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | , Lotte | 111 |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 5 | 1- | FOR - STATE REGISTRAR | | DEPART | | IEALTH AND MENTAL HYG | IENE 0 2 | c U | * 3 | 2 | 7 |
|---|---|---|--------------------------|---|------------|--------------------------------------|--|----------------------------|----------------|--------------|---------|
| 1 | | CEASED NAME FIRST | M | IDDLE | | AST | 20. DATE OF DEATH | | YE AR | 2h HOUR | |
| | (TABE | A no | _ | mary ' | PIE | RPONT | Man | ch 25, 8 | 2 | 2:2 | e An |
| | 3. SE) | | RACE | Lichard. | S. DATE C | | 6 AGE (IN YEARS LAST BIR | THDAY) IF UNDER | DAYS | IF UNDER 24 | MIN. |
| | | female | white | | Juli | 24, 1924 | 57 YRS | | | | |
| - | /a Bil | RTHPLACE (STATE OR FOREIGN COUNTRY) | 6 CITIZEN OF V | VHAT COUNTRY? | MARRIE | D PREVER MARRIED | 9 BALTIMORE CITY C | | TH | | |
| > | | Pennsylvania | U.S.A | | WIDOWE | | | re County | | | MD. |
| 3 | | Randalls town | | FACILITY, GIVE STREET | ADDRESS) | or other institution al Hospital | 120 USUAL OCCUPAT (1YPE OF WORK FOR MOST ON NUTSE | | IND O JSTRY | F BUSINES: | SOR |
| | USUA | AL RESIDENCE LIF NURSING HOME OR | THER INSTITUTION O | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | | — |
| 5 | | MD Carr | | Finksbi | | 13d. INSIDE CITY LIMITS? YES NO 💯 | 130 STREET ADDRESS 2847 Balt | imore Blva | ₹. | | |
| | | THER'S NAME | IDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | 145 | - 1 | |
| 0 | | William | C. | Brien | | Carrie | | Bil | lger | 3 | |
| 7 | | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | 284 | 788 Baltimor | re I | Blvd. | |
| 4 | (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 192-14-1702 Dr. Edwin Pierpont Finksburg, | | | | | | | | - | | |
| | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | BY: | ine for (a), (b), on | d (c | | 222 E.T | 107 | IWEEN C | NATE PUTERVA | Åтн |
| | | 1716 IMMEDIATE | CAUSE (a) | | my | ans or 9 | 2000 | | | | _ |
| | | Conditions, if any, which | DUE TO: OR | AS A CONSEQUE | all a | c Cucino | TO ORTE | linest | | | |
| | | gave rise to immediate | DIE TO OR | AS A CONSEQUE | WICE OF | THE STREET | 0 | | | TIO | |
| | | underlying couse lost | 16 | NO IN CONSEQUE | ACE OF | | | | | | |
| | 2 | PART 2 OTHER SIGNIFICANT CO | | ntributing to i | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PA | ART 110 | | = |
| | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDIT | ITION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? | 20b. IF YES, WERE | FINDIN | GS USED | |
| 7 | TIFIC | | | | | | YES NO | IN CERTIFYING CA | AUSES | OF DEATH | ? |
| , | CER | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF HOUR A.M | | V VEAD | 21c HOW INJURY OCCURR | | RY IN ITEM 18 PART 1 OR P. | ART 2) | | |
| | CAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | P.N | | 19 | | | | | | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE C | F INJURY ET, FACTORY, OFFICE, F | APM FTC) | 21f LOCATION | CITY OR TO | IWN COU | NIA | STA | ATE. |
| | 2 | AT WORK AT WORK | 1,11,11,11,11 | 21,120,000,000,000 | Ann, Ere y | 1 | | | | | |
| | | 220 I certify that (I) (this hospite | offended the | deceased from_ | _ | CCL 13, 19 82 | . to March | -25/ 198 | 2 | hot (l) (we | e) lost |
| | | sow the deceased live on above, (1) (we) (did) did not | view the body o | iter death | | nd that in (my) (aur) opinion o | death accurred on the d | ate and hour and fro | m the o | ouses state | ed |
| | | THE THE |) | T 0 | 0 1 | DEGREE ATTENDING | MEDICAL STA | | DATE | SIGNED | |
| _ | | 274 PHYSICIAN'S NAME (TYPE OR | au. | malak | باعدار | PHYSICIAN [| DIRECTOR PHYSIC | IAN | 5 - | 25 - | 82 |
| | | CHASSEM | (,) | CALAT | 450 | 22e. ADDRESS | . C C | en. Ho | .3 | T.0 | |
| | 23a. B | URIAL, CREMATION, REMOVAL | 23b DATE | 123ch | IAME OF C | EMETERY OR CREMATORY | 123d LOCATION | 1,20 | 7 | | |
| | | SPECIFY) Burial | 3/27/8 | | | ew Memorial P | CITY OR TOWN | county Carr | 14.4 | STA | 18 |
| | 24 FU | INERAL DIRECTOR Lomna | Buere | Funeral L | nrect | ors 250 DATE | ark Elderst REC'D. BY REGISTRAR | | GNAT | B 780 | |
| | 87 | 28 Liberty Rd. 1 | Randalls | town, Mo | 1. 211 | 33 MA | R 26 1982 | Mario Da | in | Bridge, | |

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

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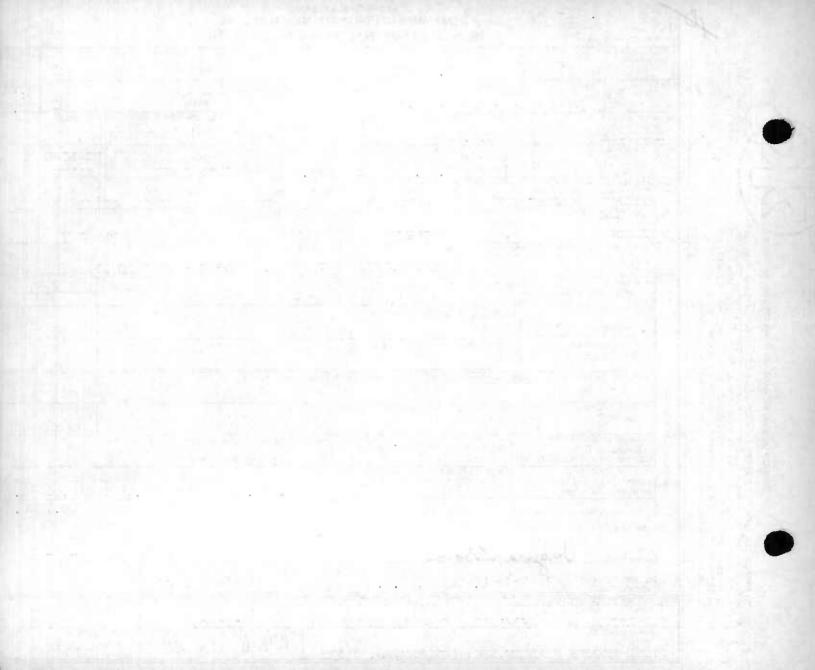
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| L | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 Z | 05961 |
|----------------------------------|---|---|---|---|--|
| | 1 DECEASED NAME FIRST (TYPE OR PRINT) | MIOOLE | LAST | | ONTH DAY YEAR 26 HOUR |
| be 3 | Fran | ces | Pirog | 3 | 20 82 8:10 Pm |
| 4 moy | I SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHO | DAY) IF UNDER 1 YEAR IF UNDER 24 HRS |
| e de | F | W | 9/1 89 97 | 84 | YRS. |
| 4 10 P | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR | COUNTY OF DEATH |
| deol hin | MD | USA | WIDOWED DIVORCED | | re County MD. |
| the dwill | 10 CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | | 12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V | |
| in by | Catonsville USUAL RESIDENCE (IF NURSING HOME) | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | Nursing Home | | |
| Illed in the build b | 13a STATE 13b COL | INTY 13c. CITY OR TOW | 'N 136. INSIDE CITY LIMITS? | | |
| 2 sho | MD V | Baltimo | YES NO 15 MOTHER'S MAIDEN N | 603 Lir | wood Avenue, 2122 |
| OCE and 2 | John | SZEWCZ | /k | WIOOFE | Szewcyk |
| Poges 1 | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166 SOCIAL SECU | IRITY NO. 17 INFORMANT | 2 Thowell | Dr.Catonsville,MD |
| S. Poor | no | no 1 213-05 | 7-1271 St. Jose | ph's Nursin | ng Home/ 21228 |
| physica poper noval. | PART I. DEATH WAS CAUS | | die Poula PM | asulan Ce | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| streng par rem | IL 5 G D | ATE CAUSE (o) | Colvin Ch | to a le | 22000 |
| ve co | Conditions, if any, which | DUE TO, OR AS A CONSEOU | therescles | the Cardian | BICArstant |
| remo emot er tro | gove rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | |
| d by eose ol, cr or oth | underlying couse lost. | (c) | | | |
| Then pl | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDI | TION GIVEN IN PART 1(a) |
| prio | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| sit po | RTIF | | | YES NO | YES NO |
| tron of Hys | OR CONTRIBUTION OF CAUSE OF O | 216. TIME OF INJURY HOUR A.M. MONTH D | YEAR 216. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 OR PART 2) |
| s cert Sursol Mente | (IF EITHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED | | 19 | | |
| er this s the bu | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | ARM, ETC.) | CITY OR TOWN | COUNTY STATE |
| R: Africa | 220 I certify that (I) (the hac | autal) attended the deceased from | 3 06 19 8 | 07-10 32 | , 19 that (1) (wa) lost |
| for of H | sow the deceased alive a obove, (1) (was taid) | n Mece 1 16 | ond that in (my) (aux) opinio | n death occurred on the date | e and hour and from the couses stated |
| DIREC oched Dept. f Hem | 226. SIGNATURE | O Charle | DEGREE | | 224. DATE SIGNED |
| AL leto ore Tr. I | In He | (Son 7/19 00) | | MEDICAL STAFF | |
| FUNER, | 22d HYSICIAN'S NAME (TYPE | OR PRINT) | 22e ADDRESS | 000. On 1 | 274 Manno |
| hould the | A. 1125 | on molly | /12 //SZ/1-N. | Mus na, fr. | allents yill 112 |
| | The Burial CREMATION REMOVA | 3.11 ST | AME OF CEMETRY OF CREMATORY | MI TOLATION | Beauti Upy |
| | TA FUNERAL DIRECTOR OF O | John on 19 | ou accerced | TE REC D. BY REGISTRAR PS | A REGISTRING SIGNATURE |
| 6 50M 7/77 A 15 (4)) | Africa by | DALACON IL SONESS | wolfelt 1 | AD 2 0 1092 P | Junes John Keither |

ened with the comment of the comment Carlo Consect Coopy 12 Cha Addiversion of the description of Annothing and an unit and united to the Annothing and Annoth

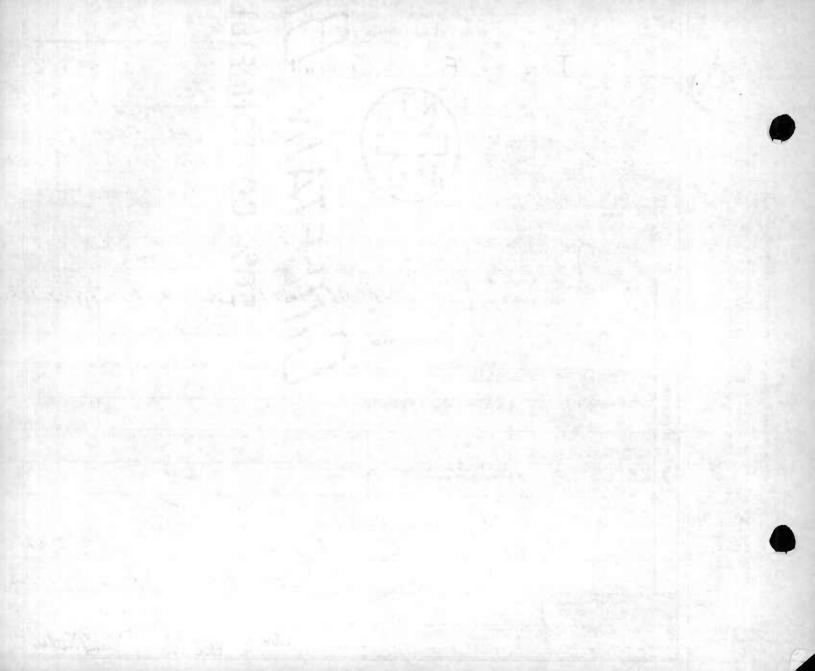
| , | | 1 | | | STA | TE OF MARYLAND | | | |
|----------------------------|--|---------------|---|--------------------------------------|----------------------|---------------------------|----------------------------|---|--------------|
| 6 | | 1. | FOR STATE | D | | HEALTH AND MENTAL HY | GIENE 8 2 | 0 5 / 1 | 0 4 |
| | | | REGISTRAR | | CERTI | FICATE OF DEATH | REG. NO | 0. | |
| | | | CEASED NAME FIRST | MIDDLE | | LAST | | | HOUR |
| | Page 4 may be different page 3 haves after death | (TYPE | ORPRINT) William | · T | I | Powell . | | 3 3182 1 | - AM |
| | acy pag er de | 3. SE | | 1 RACE | IS DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | UNDER 24 HRS |
| | E e e | 3. SE | | | MON | TH DAY YEAR | | | DURS MIN |
| | different houses | | MARE | BIACK | 2 | 18 1882 | 100 | YRS. / 13 | |
| | P P P | 70 B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COL | INTRY? 8. | ED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | 0 |
| | leath. | No | ATTA CAROLINA | U.S.A. | WIDOW | | Es. | sex Balto | (MD. |
| | | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATI | | |
| - | by the filled with | | Essex | (IF NOT IN SUCH FACILITY, GI | | ue, | LAGOLLER | FWORKING LIFE) INDUSTRY RAIL RO | p.cl |
| 120 | 2 22 4 | ₽SU | AL RESIDENCE HE NURSING HOME OF | OUNER INSTITUTION, GIVE RESIDEN | ICE BEFORE ADMISSION | 1.5 | | THIT | 1 |
| 0 2 | ly filled in shauld be in | 130. | STATE 136 COUN | | OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 0.0 | |
| Z | shau shau | 1 | MD, ESS | LX | | YES NO 🗹 | 810 Cea | AK | |
| RYL | 1 1 2 1 Z | 14, 17 | ATHER'S NAME FIRST N | NIDDLE L | AST | 15 MOTHER'S MAIDEN NA | MIDDLE | LAST | |
| ¥ ¥ | * 0 | | | | | Betty | | Reed | |
| A. | e execu | 16a V | WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE | MED FORCES? 166 SOCIA | AL SECURITY NO. | 17. INFORMANT | ADDRE | SS | |
| BALTIMORE, MARYLAND 21201 | | , | Yes WW | | 2850-60 | Ms. CLARA | Hill 819 | O CEPAR AVE | 2 - |
| ALT | ficate b physicial papers, naval. | | 18 CAUSE OF DEATH (Enter and | y one cause per line for (a) | . Ibi. and (c).) | | | APPROXIMATE BETWEEN ONSE | |
| | phys pap pap mov rent, | | PART I. DEATH WAS CAUSED | BY: | 1- 1 | monary ARRI | -5- | SETWIEN ONSE | I AND DEATH |
| 12 | r rel | | ILA 5 6 IMMEDIAN | E CAUSE (o) | 1 | Just Just | | | |
| 10 | death ce attending ave carb stian, ar r aumatic | | 7007 | DUE TO, OR AS A COL | 4 9 | the class. | 1.00 | | |
| SES. | the deat remave c emation, er fraum | | Conditions, if any, which gave rise to immediate | (b) (3) / (c) | estive | - HEALT TO | , pur — | | |
| × . | | | cause (a), stating the underlying cause last | DUE TO, OR AS A COL | 1 2 | | | | |
| 301 W. PRESTON ST., | d by lease ial, cr | | | (1) 14/16 | | | | | |
| S, | equires the signed I Then plear to burial injury, ar | 7 | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTION | NG TO DEATH BU | T NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN IN PART 110 | |
| ORD | en si or to rinju | Ω | | | | Scalle Rus | | | |
| E | s been prior prior | ₹ U | 190. DATE OF OPERATION | 196. CONDITION FOR | WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF | |
| AL AL | The loss in the loss in the loss is the loss is the loss shows | CERTIFICATION | | | | | YES NO | | 10 🗌 |
| 5 | 7 % UOI 00 | 7 8 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MON | THE DAY VEAR | 21c HOW INJURY OCCUR | RED JENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 OR PART 2) | |
| Ö | SICIAI ng ph certifi orial-tr kental ftem 1 | 4 | OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | TH DAY YEAR | | | | |
| N O | A Month | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211, LOCATION | | | |
| DIVISION OF VITAL RECORDS, | | X | WHILE NOT WHILE D | (AT HOME, STREET, FACTORY | OFFICE, FARM, ETC.) | STREET | CITY OR TOV | N COUNTY | STATE |
| ā | No otter the steel the ste | | AT WORK — AT WORK | al) attached the deceased | from Ju | NO 10 50 | 1 to Har | 10 82 three | No. other |
| | | | 220.1 certify that (1) this haspit | | | | | 19 22, tho | (we) lost |
| | OR ATTEN be haspital DIRECTOR: ached for us Dept. of He | | saw the deceased alive on above, (I) (we) (did) (did nat | view the bady after death | , | - | - acam accorred an me ac | | |
| | OR DIR | | 22b. SIGNATURE | 1. whi | - 11 | DEGREE ATTENDING\ | A MEDICAL STAF | 22c. DATE SIG | NED / |
| | | | ARUA/6 | Je J rum | er Pl | PHYSICIAN | DIRECTOR PHYSIC | | 145 |
| | HOSPITAL Inded by the FUNERAL Uld be detr of the Store | | 22d. PHYSICIAN'S NAME (TYPE OR | | | 22e ADDRESS | | 1 | 7122. |
| | ro Hospital retained by the To Funeral shauld be defined the State with the State MPORTANT: | | DEBLA S | SWERTHEI | MER | 162 16 EA | STERN 1 | TUE- LOW | 0. 9 |
| 0 | shout the shout | 23 a | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION | | |
| 0 | 000 | | SPECIFY) BURIAL | 4/5/82 | CROWN | ville Veterans Com | CROWA | wille Md. | STATE |
| DH | MH-16 60M 1/73 | - | UNERAL DIRECTOR | | | APT B 250. DAT | 4 | 25b. REGISTRAR'S SIGNATURE | |
| | (VP A 15 (4)) | | - NAME ? E Plan O | A Find Too NOO | RESS 7 39 (1) | PRATT ST | D K 1000 | 21 0 01 | |

| | ,D | 1. | FOR UNK | #82-26 | 1.00 | ST DEPARTMENT O | ATE OF M. | | YGIENE | a i | : 5 6 | |
|----------------------------|---|-----------------------|--------------------------------------|---|------------------------------|---|-------------------|----------------------------------|------------------------------|-----------------------|-----------------------------|-------------------------|
| | 1 | | STATE REGISTRAR | | | DICAL EXAMI | | | EDEATH "" | REG. NO. | 3 7 0 | 0 |
| | | | CEASED NAME | FIRST | | MIDDLE | L | AST | 2a. DATE KNO | OWN MONTH | DAY YEAR | 2b. HOUR |
| 20 | S S E | | | Timot | thy | M.X MARK | | rovins | DEATH MA | TED X 3 | 30 1982 | м |
| ŭ | K-FILES. HOURS STREET, | 3. SEX | 4. | RACE | 5. DATE OF BIRTH | 6. AGE (IN | | DER I YR. IF UNDER | MIN PRONOUNCED | MONTH | DAY YEAR | 9:15 |
| >0 | N N N N N N N N N N N N N N N N N N N | 1 | Tale | White | 1 /26 / | 1958 24 HAT COUNTRY? | YRS. | | DEAD | 3 | 31 1982 | a.M |
| | WERALD MITHIN PRESTO | FC | REIGN COUNTRY) | COR | | | | D NEVER MARRI | ED X I | CITY OR COU | | |
| 2 | 55.00 | | TY OR TOWN OF | DEATH | U.S. | A. PITAL, NURSING HO | WIDOWE | | 120 USUAL OCCUPATION | more Cou | | MD. |
| > | O CALLER AGE | | Dundal k | | JIE NOT IN SUCH FA | CILITY, GIVE STREET ADDRES | 5) | | FOR MOST OF WORKING | LIFE) | BOMPPING | RY |
| - 90 | 3 TO NIN P SRDS | | AL RESIDENCE (IF | | OR OTHER INSTITUTION, GI | VE RESIDENCE BEFORE ADMI | | | MAINTENANO | JE | ALLEY | |
| 2120 | RETAIN RETAIN RECORD | | TATE LARYLAND | BALT | IMORE | DUNDALK | | 3d. INSIDE CITY LIMITS? YES NO 🔀 | 1909 OUEEN | NGWAY 2 | 21222 | |
| MD. | ND2 ST. 2. | 14. F/ | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDE | | NOWAL Z | LAST | |
| | いるラブノイ | | MILTON | | R. | PROVINS | | MARIE | Middle | F | RAKOCZY | |
| TIMO | | | VAS DECEASED E ES. NO. OR UNKNOWN | | MED FORCES? WAR OR DATES) | 166 SOCIAL SECUE | | 7. INFORMANT | A | DDRESS | | |
| BALTIMORE, | SATE ! | | NO | | 10000 | 212.76. | 1884 | MILTON R. | PROVINS - S | SAME AS | | |
| . 0 | | | 18. CAUSE OF I PART I DEAT | DEATH (Enter on 'H WAS CAUSE | D RV | far (o), (b), and (c).) | | | J. Senkir P | | APPROXIMATE BETWEEN ONSE | INTERVAL I AND DEATH |
| NO | A ITEM I A ITEM I A IT PERM Y GIENE | | 910 | IMMEDIA" | | AS A CONSEQUENCE | | lead and N | eck | | | |
| PRESTON ST. | ER A | 13 | | if any, which | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| W. | EXAMINER EXAMINER HAL-TRANS MENTAL H | | cause (o) st | to immediate ating the <u>under-</u> | DUE TO, OR | AS A CONSEQUENC | E OF | | | | | |
| 201 W. | ON BALL | | lying cause | lost. | (c) | | | | | | | |
| DIVISION OF VITAL RECORDS, | RD "VENDING" IN PENCIL IN TEM I HIEF MEDICAL EXAMINER AIGNG HEATH AND MENTAL HYGIENE, OF HEATH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. | , | PART 2 OTNER SIGN | FICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE T | ERMINAL OISEASE I | DR CONDITION GIVEN IN PAI | RT 1 (a). | | | |
| RECO | - CRE AS | MEDICAL CERTIFICATION | 19g. DATE OF O | PERATION | Tigh CONDI | TION FOR WHICH OP | EDATION WA | S DEDECORATED 2 | | | 20 AUTOPSY | 2 |
| TAL | CHIEF CHIEF TOF H | FIC | I'M DAIL OF C | LINATION | 178 CONDI | HOIVIOR WHICH OF | ERAHON WA | S PERI ORMED: | | | | |
| Y 2 | TO BU | EST | 21a. EXTERNAL | | 21b. TIME OF | INJURY EST YE | 21c. HO | W INJURY OCCURRE | D (ENTER NATURE OF INJURY II | N ITEM 18 PART 1 OR I | YES X | NO [|
| NO | SATA COLOR OF THE SAME OF THE | Ĭ¥. | UNDERLYING CONTRIBUTING | OR CAUSE OF | DEATH ? P.M | 7 70 | AR B2 Sub | ject was | assaul ted | | | |
| VISIO | STING THE WORD "PE SUBD TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HE/ DI PRIOR TO BURIAL, O | EDIC | 216 INJURY OC | CURRED | 21e PLACE | OF INJURY (AT HOME, | 211 LOC | ATION | CITY OR TOWN | | OUNTY | 67.45 |
| | A A B A B B B B B B B B B B B B B B B B | 3 | AT WORK | NOT WHILE AT WORK | OX f | ield | | ers Pt. R | | | indalk, Ba | I to. |
| | ATE, ATE, ACC. 2 | | 22a. 1 certify | that I taak charg | ge of the remains des | cribed obave, held ar | Autopsy | . Inspection | Inquiry | , and in my | opinion Co., | Md. |
| | YAL TELE | | death resulted | from: Natu | rol causes , | Accident, | Suicide . | Homicide X, | Undetermined monne | r . | | |
| | AAN BENE | | ACTUAL | 11. | 48 | | | Assistan | 4 | DATE | 3-31- | 02 |
| | SEATE S | | SIGNATURE | UWIG | ma Lh | tolan | M. [| ASSISTALL | MEDICAL EXAMINE | R SIGN | VED | 02 |
| | SHEET AND SHEET | | EXAMINER'S NA | AME Vir | ginia L. | Dolan, M.[|). | DDRESS | III Penn Sti | reet | | |
| 000 | PECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 | 23a.B | URIAL, CREMATIO | | 3b. DATE | 23c. NAME OF C | | | 236. LOCATION | | STANDS | TATE |
| | BP | C | REMATION | | 4/3/1982 | GREEN | MOUNT | Military I | BALTO | | MD. | |
| | DHMH - 17 | - | UNERAL DIRECTO | | ADDRESS | | | 250. DATE | REC'D. BY REGISTRAN | PLANE OF | SIGNATURE | |
| (| VR A15 ME (5)) 15M 2/80 | WA | LTER BRO | OKS BRA | DLEY, INC. | DUNDALK, N | ID. 212 | 22 | 0 130L | 01 | | |



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AN

| MENTAL HYGIER | | REG. NC | | 0 | 3 | 3 | 6 | c. |
|------------------|-----------------------------------|---------|---------|---------|--------------------|---------------------|--------------------|-----------|
| . 20 | DATE OF DI | EATH / | HINON | DAY | YEAR | | IOUR | |
| | March AGE (IN YEAR | | 198 | _ | IDER I YE | _ | 50a | RS |
| 1934 | | 8 | YRS | MONT | HS DAY | 5 HOL | IRS M | IN, |
| MARRIED 9 | BALTIMORE Dal+4 | - | | | DEATH | | | |
| STITUTION 12 | Balting USUALOC TYPE F WORK FO | CUPATIO | WORKING | | 26. KIND NOUSTE | OF BU | HOL | OR n (|
| NO \$ | STREET AP | DRESS | -5 | -1 | 1 | Arc | | |
| FIRST A LICE | 2 " | AIDDLE | EAS | T | 000 | LAST | I, | |
| TAN | nily | ADDRES | 0 | 200 | Rd | 5 | | |
| rrest | | Ŋ. | | | BETWEE | OXIMATE IN ONSET | NTERVAL AND DEA | тн |
| ry Atele | ctasia | with | 1 | | | | | |
| condary t | o Rad | iatio | on | | | | | |
| D TO THE TERMINA | AL DISEASE O | R COND | ITION C | IVEN II | V PART | 110 | | |

- STATE CERTIFICATE OF REGISTRAR 1 DECEASED NAME LAST TYPE OR PRINTI Regina Raubach 3. SEX 5. DATE OF BIRTH a. BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED ANEVE COUNTRY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE YES 🗍 4 FATHER'S NAME 15 MOTHE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? medica 16b SOCIAL 17. INFORM (YES, NO DI UNKNOWN) (IF YES, GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Cardio-Respiratory DUE TO, OR AS A CONSEQUENCE OF Severe Right Pulmona Conditions, if ony, which gove rise to immediate DUE TO pleural effeusion. (Se couse to, stating underlying couse lost Therapy - Clinical PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT CERTIFICATION Pulmonary Edema and Congestion. 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES -210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION marked ar CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 220 I certify that Withis haspital) attended the deceased from March March sow the deceased alive on March and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL March 12, 1982 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Robert L. Lyles, Jr., M.D. 9000 Franklin Square Drive 21237 23c MADE OF CEMETERY OR CREMATORY 230 BURIAL GREMATION, REMOVAL COUNTY ARKWOOd 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

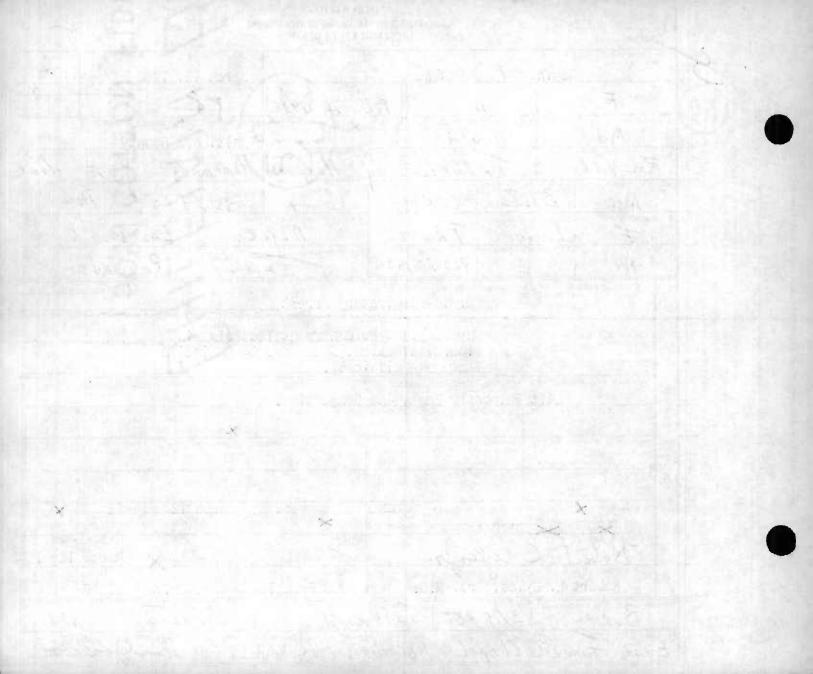
Pages 0 prior 2 should be dete with the State IMPORTANT: 0 BP.

May

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FOR

DHMH - 16 50M 1/81 (VRA 15, 4)



MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 9 | 8 16 |
|------|------|
| 2/12 | - 2 |
| C 3 | 6. |
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| 1 - STATE REGISTRAR | | | | HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 2 | 0 | Š | 1 6 |
|--|--|--|-------------------------|--|--|------------|----------------------|------------------------------------|
| I. DE CEASED NAME (TYPE OR PRINT) | FIRST | WIDDLE | TE NO | LAST | 20 DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| | JOHN | MART | IN | REICH | MARCH 4. | 1982 | 0.019 | 1:45 PA |
| 3. SEX MALE | | VHITE | | OF BIRTH RUARY 25, 1895 | 6. AGE (IN YEARS LAST BIR | | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| 78. BIRTHPLACE (STATI | | J.S.A. | COUNTRY? 8 MARR WIDOV | IED NEVER MARRIED DIVORCED DIVORCED | P. BALTIMORE CITY O | | | M |
| FORT HOWAR | | | Y, GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O | | | OF BUSINESS OR |
| USUAL RESIDENCE (# 13a. STATE | | r institution, give res 13c. Cl | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | n aven | UE | -4: |
| Henry Reic | h | .8 | LAST | Rose Cantum | ME Reich | | LAS | ST. |
| 160 WAS DECEASED E | VER IN U.S. ARMED | | OCIAL SECURITY NO. | 17. INFORMANT | ADDRE | SS | | |
| YES | WWI | 219 | 30 0499 | CLINICAL REC | ORDS, VAMC, | FORT : | HOWARD | , MD |
| | EATH (Enter only or H WAS CAUSED BY IMMEDIATE CA | | RDTAC ARRI | rst | | \$15T | APPROXI BETWEEN O | MATE INTERVAL ONSET AND DEATH |
| Conditions, if gove rise to couse (o), s underlying co | immediate | (bCARDI | CONSEQUENCE OF | HYPERTENSI DISEASE AND A | VE ARTERIOS RRYTHMIA | CLEROT | IC YE | CARS |
| PART 2. OTHER | N IN PART 1 | 0), | | | | | | |
| IN DATE OF OPI | TYPE THE | ALANCE: I | OWER G.T. | BLEEDING ON WAS PERFORMED | 20a AUTOPSY? | IN CERTIFY | WERE FINDING CAUSES | OF DEATH? |
| OR CONTRIBUTION | UNDERLYING CONTROL CAUSE OF DEATH | 216. TIME OF INJUI HOUR A.M. M | | | YES NO X | YES | | ио 🗋 |
| 21d INJURY OCC | | 21e. PLACE OF INJU (AT HOME, STREET, FACT | | 211 LOCATION STREET | CITY OR TO | wN | COUNTY | STATE |
| 22a.1 certify tho sow the dec | eosed olive on e) (did) (did not) vie | RCH 4, | eath | ond that in (my) (our) apinion | , to MARCE La | | | that (I) (we) los couses stated |
| 22b. SIGNATURE | NAME (TYPE OR PRIN | Adr | ว | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF DIRECTOR PHYSIC | | 22c. DATE | SIGNED |
| CAROLI | NA C. CUS | TODIO, M. | | VA MEDICAL C | | HOWAR | D, MD | 21052 |
| 23a. BURIAL, CREMATIO | | 3/6/82 | 23c NAME OF | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | Howan | COUNTY Ma | state |

DHMH-16 30M 2/80 (VRA 15, 4)

Burial 3/6/ 24. FUNERAL DIRECTOR Ambrose Funeral Home

1328 Sulphur Sp. Rd.

Meadownidge Cemetery Donney Howard Mary 1250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR 250. REGI

| 9 21:1 | MARCHU, 1882 | FORTE | 11 | TERAK | TOT | |
|---------------|----------------------|---------------|-----------|-----------------|---------|------------|
| | 73 | TANK 25, 1895 | SIDE: | f:T | | SIAN |
| | MINION SHOWNALE | X. | | .A.a.u | | TITTA. |
| | MARIAN | | 011.711 | LEDIC M | 7 | FORE HOVAR |
| | ANT VA MEDIAL BES! | 1 | | 7101 | PALIT | TALYT N |
| as, as | EUS, VALC, FORE TO A | CLITCAL RETO | 6670 OE | 219 | I | O.A. |
| CAYATA BYA | DIROR JUGODIETRA S | | TALACULAR | | | |
| | | PI PRIDING | .I.D Savi | ALANC'; LO | al add | iost: "I |
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| | 12 to 12 | sa , i s | i seçt | , 3 10 1 | H | |
| CTON T | | | | in head to | | |
| 25012.0 | LTAR, TORT HOLARD, M | SO JADIENI AV | | t. I , OICO | 00 .0 A | CAHOLITIN |
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| 15.75 | | Activ | | | | |

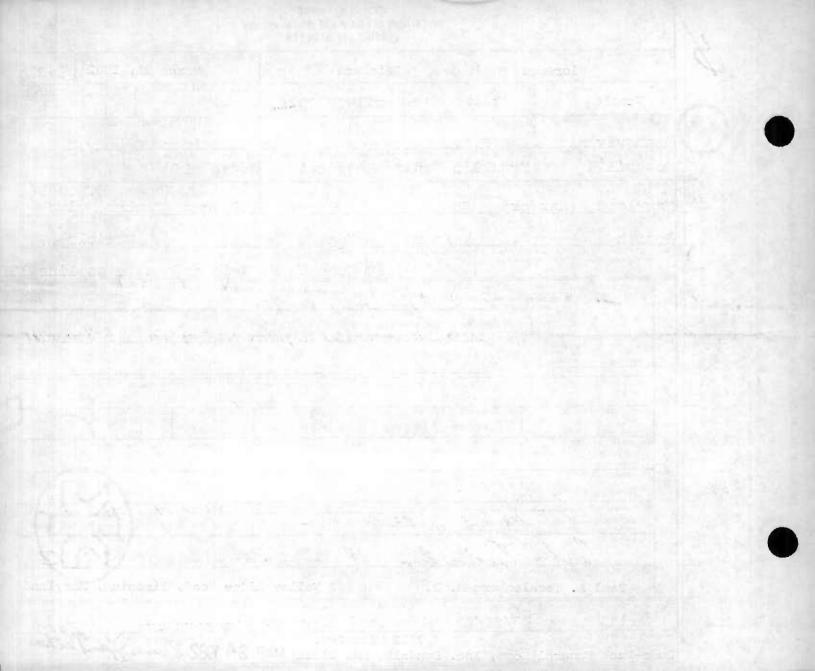
| | M 10 11AIC | AKTLAND | |
|------------|------------|-----------|---------|
| DEPARTMENT | OF HEALTH | AND MENTA | HYGIENE |
| CF | PTIFICATE | OF DEATH | |

| 1 | 1- | FOR STATE REGISTRAR | IENE 8 Z | 0 | 2 3 | 6 / | | | | | |
|-----|---------------|--|---------------------|--------------------------|------------|--------------------------------|--------------------------|--------------------|--------------|----------------------------------|--|
| 1 | I DEC | CEASED NAME FIRST | | MIDDLE | | ICATE OF DEATH | REG. N | | Y YEAR | To company | |
| 1 | TYPE | Floren | ce l | Mae | Reic | | | ch 21, | | 9:21a | |
| | 1.SE | | 1. RACE | YEE-THE . | 5 DATE | | 6. AGE (IN YEARS LAST BI | | UNDER I YEAR | IF UNDER 24 HRS | |
| 51 | 1 | Female | Whit | te | Apri | 1 7, 1925 | 56 | YRS. | NIHS DATS | HOURS MIN. | |
| Я | | RTHPLACE (STATE OR FOREIGN | 311 | WHAT COUNTRY? | | NEVER MARRIED | 9. BALTIMORE CITY C | OR COUNTY O | | | |
| | | nnsylvania ITY OR TOWN OF DEATH | U.S | | WIDOW | DR OTHER INSTITUTION | Baltimore County, A | | | | |
| 1 | Ro | ssville | Frank | l'in Squa | are H | lospital | House wil | | INDUSTRY | F BOSINESS OK | |
| 1 | 13a S | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 1134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | Joppa | Md.2 | 1085 | |
| 3 | Ma: | | ford | Joppa | | YES NO | 723 Towne | Cent | re Dr | ive | |
| | | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ΛE | | | | |
| Ц | TO | seph | F. | Reinert | - | Ida | MIDDLE | ਸ | enicl | 6 | |
| | 16a W | VAS DECEASED EVER IN U.S. AF | RMED FORCES? | 16b SOCIAL SECU | | 17 INFORMANT | ADDR | | CITTOT | | |
| ₹ | No | (IF YES, GI | VE WAR OR DATES) | 196-16- | Kenneth F. | Reichard | d (sam | | | 3) | |
| - | | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly ane cause pe | r line far (a), (b), an | d (c) | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| 1 | | | TE CAUSE (o) | Cardia | oulm | mary Arrest | | | | | |
| 1 | | 4280 | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | | |
| 1 | | Canditians, if any, which | ((b) <u>(</u> | hronic de | comps | insated congestion | ve heart FAI | lura | 6-81 | months | |
| 1 | | gove rise to immediate cause (a), stating the |) | R AS A CONSEQUE | | | | | | | |
| ١ | | underlying cause last. | | | | | | | | | |
| | NO | PART 2. OTHER SIGNIFICANT | DITION GIVEN | IN PART 110 | 1 | | | | | | |
| 2 | CERTIFICATION | 190. DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, V | | | |
| | TIF | | | | | | YES NO | YES | | NO [] | |
| | | 2 a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | ATH HOUR A | M. MONTH DA | | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | 1 OR PART 2) | | |
| | WEDICAL | 21d. INJURY OCCURRED | | M. OF INJURY | 19 | 211. LOCATION | | | | | |
| | ME | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE, F | ARM ETC) | STREET | CITY OR TO | WN | COUNTY | STATE | |
| | | 22a.1 certify that (1) (this have | | | | . 19. | _, to March | 19 19 | 92 | that (I) (see) last | |
| | | saw the deceased alive ar above, (I) (we) (did) (did no | March view the hody | offer death | 2_,01 | nd that in (my) (ow) opinian d | leath accurred on the d | ote and hour a | nd from the | causes stated | |
| 1 | | 226 SIGNATURE | 44 | arren ocarri | | DEGREE | | | 22c. DATE | SIGNED | |
| 1 | | landa | (class | M. Rec | | ATTENDING PHYSICIAN IP | MEDICAL STA | FF IAN (| 2-21 | 1-87 | |
| 7 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | - Carrott | | 22e ADDRESS | J DIRECTOR ESTITION | IAI' LJ | 1) / | | |
| | | Paul L. Tec | klenber | g M. D. | | 2 Valley 1 | Ridge Road, | Timon | ium, M | aryland | |
| | | URIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE | |
| - 1 | | | | | | | | | | | |
| |] | Burial | 3/24 | | | nd Cemetery | Coopers | | | Pa. | |
| 1 |] | Burial JNERAL DIRECTOR | 3/24, | | | | REC'D. BY REGISTRAR | | R S SIGN | Pa. Kithen | |

DHMH - 16 50M 1/81 (VRA 15, 4)

morked or Item 18 shave

MPORTANT: If he



4107 WILKENS AVE.

FOR

(VRA 15, 4)

HUBBARD FUNERAL HOME, INC.

STATE OF MARYLAND

estin intervaluding and interval is estimated, dissipations The state of the s TVA BUILDING THE COLUMN THE COLUMN TO THE COLUMN THE CO medicol

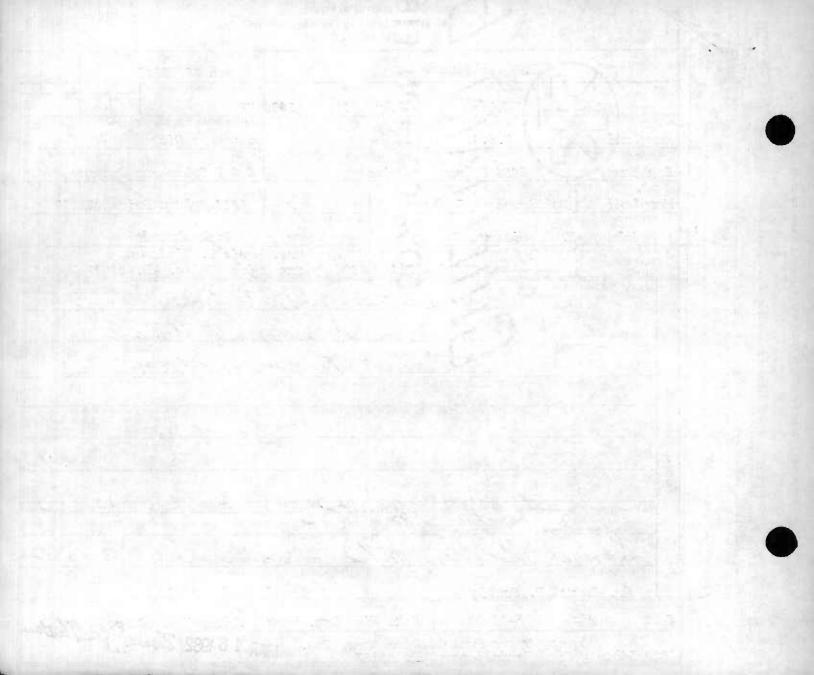
injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Item 18 shows

STATE OF MARYLAND

| 1. | FOR - STATE REGISTRAR | | DEPART | | CATE OF DEATH | IYGIENE | REG. NO | 0 | 2 1 | 0 7 |
|---------------|---|--------------------------|------------------------------------|-------------|--------------------------|----------|-----------------------------|--|-----------------|-------------------|
| | CEASED NAME FIRST | | MIDDLE | LA | 51 | 20. [| | MONTH DA | Y YEAR | 2b HOUR |
| (TYPE | John | H_{\bullet} R | iedemar. | | | Λ | March 15, | 1982 | | M |
| 3. SE | x | 4 RACE | NOTE 1 | 5 DATE OF | | | GE (IN YEARS LAST BIR | THDAY) IF | | IF UNDER 24 HRS |
| | Male | Whit | e | July! | 19, YEAR 190 | 04 7 | 7 | YRS. | MIHS DAYS | HOURS MIN, |
| Ja Bi | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 | NEVER MARRIED | 10.0 | ALTIMORE CITY O | | F DEATH | |
| | ryland | U.S. | A. | WIDOWED | | Ba | Itimore & | Tity (| 10, | MD. |
| 10 C | ITY OR TOWN OF DEATH | | | NG HOME OF | OTHER INSTITUTION | 120 | USUAL OCCUPATI | ON | | BUSINESS OR |
| Lo | chearn | 3624 5 | ch facility, give stree Sy Ivan | Drive | | C | & P Tele | ephone | Compani | ч |
| USU. | AL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | 134 CITY OR TO | | 134 INICIDE CITY INVITED | | | | | |
| | | timore | Lochea | | 13d INSIDE CITY LIMITS? | 7 13e | street address 3624 Sylv | oan Dri | ve 21 | 207 |
| 14. FA | ATHER'S NAME | | LAST | V- | 15. MOTHER'S MAIDEN | | | | | |
| | John H. | Rieden | | | Mary | | Zucksch | werdt | LAST | |
| | VAS DECEASED EVER IN U.S. | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT Mrs | . Ma | rie BADA | edeman | 7 | |
| | VES NO OR UNKNOWN) (IF YES. (| GIVE WAR OR DATES) | 212-10-0 | | 3624 Sylvan | | | | | |
| | 18 CAUSE OF DEATH Enter | only one cause pe | r line for (a), (b), a | | 1 | | 1 - 1 | | | ATE INTERVAL |
| | PART I. DEATH WAS CAU | SED BY: ATE CAUSE (o) | Sekend | za tra | = + mals | mil | ntion | | BE STEEL OF | SOLI AND DEATH |
| | 1519 | 10 1 2 min | R AS A CONSEQU | IENICE OF | 0 | | | , | | |
| | Conditions, if ony, which | ((b) | For as | hreme | ach conce | mon | - of M | Thus | / | |
| | gove rise to immediate cause (a), stating the | DUE TO C | R A A CONSTOT | Price of | 1 + 1 | 1 | 11/ | The state of the s | | |
| | underlying cause lost. | (6) | Hen | sell | wheek | low | Nolls | ease | | |
| - 1 | PART 2 OTHER SIGNIFICAN | T CONDITIONS C | ONTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TE | RMINAL | DISEASE OR CON | DITION GIVEN | N IN PART 110 | |
| ON N | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | 20 | a AUTOPSY? | 20b IF YES, Y | WERE FINDING | GS USED |
| Ē | | | | | | Y | ES NO | YES | NG CAUSES C | NO - |
| E E | 210. ACCIDENT WAS UNDERLYING | 216. TIME C | OF INJURY .M. MONTH D | AV VEAD | 21c. HOW INJURY OCCI | URRED (| ENTER NATURE OF INJUR | RY IN ITEM IB PAR | T 1 OR PART 2) | |
| N N | OR CONTRIBUTING CAUSE OF C | LAITI | .M. MONTH D | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | | OF INJURY | A. Person | 21f. LOCATION | 36.00 | CITY OR TO | WN | COUNTY | STATE |
| Σ | WHILE NOT WHILE AT WORK | (AFHOME SI | REET, FACTORY, OFFICE, | FARM ETC.) | 1 | | 2 | | 1 | SIAIE |
| | 220.1 certify that (1) (this has | pital) attended th | ne deceased from. | Deen | Merdy of | 0. | · marcs | 15, 19 | 82 th | ot (l) (ere) lost |
| | saw the deceased alive of | on Marc | often double | da, ond | I that in (my) (opinio | on deoth | occurred on the do | ate and hour a | and from the co | ouses stated |
| | 174. SIGNATURE | 1670 | 1 | 10 | EGANE | | | | 22c. DATE SI | IGNED |
| | Samuel | Var | alia | MX | ATTENDING | ME | DICAL STAF | FIAND | 3-1 | 6-82 |
| | 27d PHYSICIAN'S NAME (TYPE | E OR PRINT) | 1 | (17.0) | ??e ADDRESS | - ALDIN | Le TOK TITTSIC | | | |
| | Dra Samuel | P. Scal | ia | 1714 | 7 Chur | ah P | oad 212 | 000 | | |
| 23a B | BURIAL, CREMATION, REMOVA | | | NAME OF CE | METERY OR CREMATOR | | d LOCATION | 100 | | |
| | Burial | 3-18- | | | lew Mem. Par | ,, | Sykesvil | 7.0 Cm | MOLT A | AA AMD |
| 24 FL | | | | 7. | | DATE REC | | 250 GISTRA | IR SKEWILL | lattien. |
| 27 | INERAL DIRECTOR Lorin | g Byers | tuneraless! | recto | ors, Inc. | WAR | 1 6 1982 | Charca | 0 | |
| 0/0 | 28 Liberty Roa | a nariagi | VS TOWN . MI | e alle | 00 | (111 | | | | |

DHMH - 16 50M 1/81 (VRA 15, 4)



- STATE

REGISTRAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

22c. DATE SIGNED MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21215

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

176 KIND OF BUSINESS OR

#21215

21215

NO

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DE

AT HOME

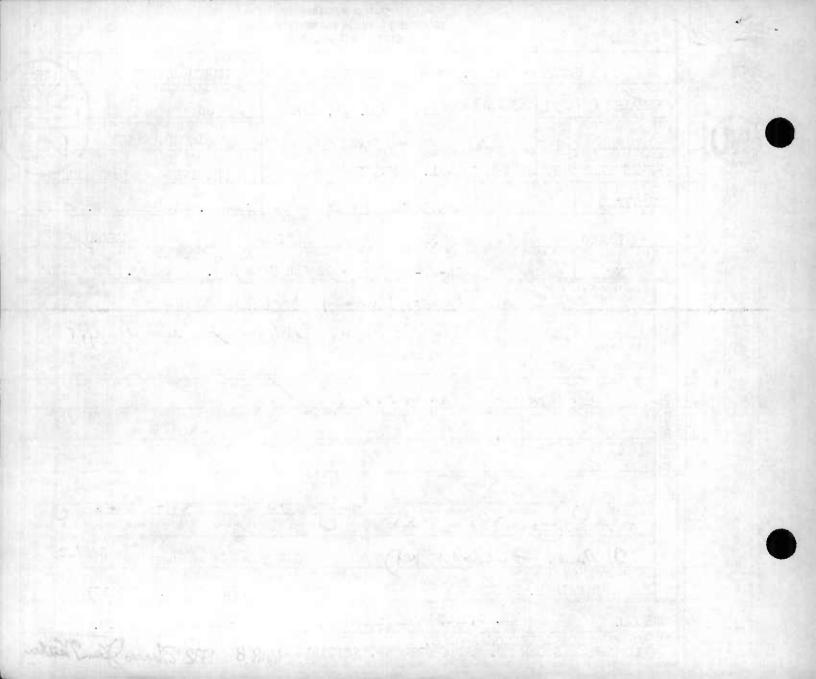
INDUSTRY

SUSSMAN

COUNTY

| | 1/ | | | | STATI | E OF MARYLAND | | | | | |
|-----|--|---|---------------------------------|--|------------|-------------------------|---|----------------------------|---|--|--|
| 3 | 1. | FOR STATE | | DEPART | MENT OF H | EALTH AND MENTAL HY | SIENE 8 2 | 0 5 | 9/ | | |
| / | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | NO. | | | |
| | | CEASED NAME FIR | RST | MIDDLE | L | AST | 20 DATE OF DEATH | | EAR 26 HOUR | | |
| | (1119) | SAR | AH | D. | ROS | SENBAUM | MARCH | 4,1982 | 10:15AM | | |
| | 3. SE | X | 4. RACE | W. T. L. | 5 DATE C | | 6. AGE (IN YEARS LAST B | - | YEAR IF UNDER 24 HRS. | | |
| | F | EMALE | KX DOWX | XX WHITE | DEC | | 86 | YRS | DATS HOURS MIN. | | |
| 1 | | RTHPLACE (STATE OR FOREK | SN 76. CITIZEN OF | WHAT COUNTRY | 8 | D NEVER MARRIED | | OR COUNTY OF DEA | тн | | |
| 7 | | POLAND | USA | | WIDOWE | | BALTIMO | RE COUNTY | MC | | |
| 2 | 10 CI | ITY OR TOWN OF DEATH | 11, NAME OF | | NG HOME C | OR OTHER INSTITUTION | 126 USUAL OCCUPATION 126 KIND OF BUSINESS | | | | |
| 15 | P | IKESVILLE N | IEW JEWISH | CONVAL. | & NURS | ING HOME | HOUSEWIF | | ' HOME | | |
| | 130 S | AL RESIDENCE (IF NURSING H | COUNTY | GIVE RESIDENCE BEFOR | | 136 INSIDE CITY LIMITS? | 1 | | | | |
| 5 | M | ARYLAND | 0001411 | BALTIM | | YES XX NO | 13e. STREET ADDRESS 2500 W. BE | LVEDERE AV | E. 21215 | | |
| | 14 FA | THER'S NAME | WIDDLE | LAST | <u></u> | 15. MOTHER'S MAIDEN NA | ME | | | | |
| 20 | LIK21 WIDDLE | | | | | | | | NOWN | | |
| - | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT NATHAN POSNER | | | | | | | | | | |
| ~ | | NO NO | YES, GIVE WAR OR DATES) | 215-30- | 8609 | 3821 GLENGY | LE AVE. | BALTO., M | D 21215 | | |
| | | 18 CAUSE OF DEATH (E | nter anly ane cause per | line far (a), (b), ar | nd (c) | | | | PPROXIMATE INTERVAL WEEN ONSET AND DEATH | | |
| | | PART I. DEATH WAS | CAUSED BY: MEDIATE CAUSE (a) | Cardio | _ // | muting anne | 1 | | | | |
| | | 4292 | | r as a consequ | ENCE OF | | | | V | | |
| | - | Canditians, if any, whi | ich (h) | arteria | | wife Carde | mrasulan, | disease | 415 | | |
| | | gave rise to immedia cause (a), stating t | | R AS A CONSEQU | ENCE OF | | | | 1 | | |
| | | underlying cause la | (c)_ | | | | | | | | |
| 1 | | PART 2. OTHER SIGNIFIC | ANT CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN PA | RT Ira | | |
| | CERTIFICATION | Eho | to gone transf | CINIU | in which | A. | | | | | |
| _ | ICAI | 190. DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE F | | | |
| -Ca | RTIF | | | | | | YES NO | YES | NO [| | |
| G | | 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE | | FINJURY M. MONTH D | AY YFAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJI | JRY IN ITEM 18 PART I ORPA | RT 2) | | |
| 7 | CAL | (IF EITHER NOTIFY MEDICAL EX | OF DEATH | | 19 | | | | | | |
| 1 | MEDICAL | 214 INJURY OCCURRED | 21e. PLACE (| OF INJURY | FARM FIC I | 21f LOCATION STREET | CITY OR TO | OWN COUN | ITY STATE | | |
| | < | AT WORK NOT WHILE | | | | | | | | | |
| | | 22a I certify that (1) this | | | 75 | 7-1 19 74 | , to3 | - 4 , 19 8 | 2, that (1) (we) last | | |
| | | | did natiview the bady | after death | 5 2 , an | d that in (aur) apinian | death accurred an the o | late and haur and trai | m the causes stated | | |
| | | 22b. SIGNATURE | | , | | DEGREE | uspie ii | | DATE SIGNED | | |
| | | N /Lonal | I JAREO | Uniday 11 | 4) | ATTENDING PHYSICIAN | MEDICAL STA | CIAN | 5/4/82 | | |
| | | 22d. PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22e ADDRESS | e toxtate | | | | |
| | | RONAL | D H. FRIED | MAN | | 6715 PARK | HEIGHTS A | VE. (2121 | 5) | | |
| | | URIAL, CREMATION, REM | OVAL 236 DATE | | | EMETERY OR CREMATORY | 23d LOCATION | rouse. | 68.35 | | |
| | | URIAL | MAR. 5 | | UDOMER | R VEREIN | ROSEDAL | E BALTO | MD | | |
| | 24 FL | INERAL DIRECTOR SOL | LEVINSON | & BROS | 3 345 | 4040400 | E REC'D. BY REGISTRAR | 256 REGISTRADE STO | - WITAN | | |
| | | 6010 REISTER | SIUWN KD. | BALTIMURI | e, MD. | (21212) W | AR 8 1982 | Courses > | and larker | | |
| | | | | | | | | | | | |

DHMH - 16 50M 1/81 (VRA 15, 4)



| . int 25, 1982 2 in | THE LAW STREET | | | | | |
|--|----------------|---------------|---------------------|--------------|--|--|
| | 809/ 11/24 | | | | | |
| stow teresus | | | | function of | | |
| A Charles was | | | A STATE | CELEGIC SHOW | | |
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| et, we, itterior of | DE DESTRU | | THE PERSON NAMED IN | -1 107 | | |
| 2742 | SHEAT BREEZE E | EDIN AEKONASI | | | | |
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| Salasiu AALA | | AUGOLESTIA (| The to the | AC CEMBER. | | |
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| Total a sur | | in the second | | | | |
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| W 28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | e east , ally | | | en alesta le | | |
| | | | _ | | | |

| OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | CIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be physician. | enfitcate has been signed by the ottending physicion and completely filled in by the funeral contribution of chronist permit. Then places remove corbonopers: Pages 1 and 2 should be filed within 72 and 10 death and levies a principle or removing or certains. |
|---|---|--|
| OKDS, | requir | t. Then |
| REC | e low | permit |
| A LIV | physician. | ronsit |
| Ö | CIA | of-to |

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

| | | CEASED NAME | FIRST | | WIDDLE | 1 | LAST | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b HOUR | |
|-------|---------------|--|---|---|--|---|-------------------------------|---|-------------------|-----------------|----------------------------------|--|
| П | (TYPE | | ANNA | LOUISE | ISE RUPPERSBERGER | | | MARCH | 1 28,1 | 982 | 10:25P M | |
| | 3 SEX | | | 4 RACE | 5. DATE OF BIRTH | | | 6. AGE (IN YEARS LAST | | IF UNDER I YEAR | IF UNDER 24 HRS | |
| | | Female | | White | August 5,1900 YEAR | | 81 | YRS | MONIHS DAYS | HOURS MIN | | |
| 1 | | RTHPLACE (STATE OF | ACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 | | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | | |
| (har) | | | | WIDOWE | | Baltimore County MD. | | | | | | |
| 1 | 10. CT | TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | | | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 12b. KIND OF BUSINESS OR INDUSTRY | | | | | | |
| 4 | | Cockeysville Maryland Masonic Homes Homemake | | | | | | | | | | |
| 5 | 13a. S | Maryland | Balt | imore | 136. CITY OR TOWN Parkville VES NO X | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS 8712 Summit Ave. | | | | |
| | 14. FA | 14. FATHER'S NAME | | Later Committee | | 15. MOTHER'S MAIDEN NA | DEN NAME | | | | | |
| | | George W. Sears, Sr. | | Blanche V | | V. Fink | | | | | | |
| 7 | | 60 WAS DECEASED EVER IN U.S. ARMED FORCES? | | III SOCIAL SECURITY NO 17 INFORMANT | | ADDRESS | | | | | | |
| | (Y | (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) | | 213-03-3638 Maryland Masc | | onic Homes Cockeysville, Md. | | | | | | |
| | | 18 CAUSE OF DEATH (Enter only one couse per line for io), (b) and the part I. DEATH WAS CAUSED BY: | | | | | | | | | | |
| | | DUE TO, OR AS A PREDICTION OF A PREDICTION OF AS A PREDICTION OF A PRE | | | | | | | | | | |
| | | gove rise to immediate couse to immediate underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF D - Correspondence - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | | | | | | | | | | |
| | LION | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART YOU | | | | | | | | | | |
| | CERTIFICATION | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | |
| | | OR CONTRIBUTING | 0, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCUP R CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCUP (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 | | | | RED (ENTER NATURE OF IN | IJURY IN ITEM 18 | PART 1 OR PART 2) | | | |
| | MEDICAL | 21d INJURY OCCUP | | 21e. PLACE (AT HOME, STR | OF INJURY REET, FACTORY, OFFICE, FA | ARM, ETC) | 211 LOCATION STREET | CITY OR | TOWN | COUNTY | STATE | |
| | | | sed olive on | | 10K 19 | | nd that in (my) (aux) opinion | death occurred on the | date and he | | that (I) (we) lost course stated | |
| | | 22b. SIGNATURE | the | 520 | 04941 | 14 | ATTENDING PHYSICIAN | MEDICAL ST DIRECTOR PHYS | AFF SICIAN 🗌 | 3/ | 29/62 | |
| | | | | | 22e. ADDRESS | | | | | | | |
| | | Walter E. Karfgin, M.D. Cockeysville, Maryland | | | | | | | | | | |
| | 23a. B | BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITYOR TOWN COUNTY STATE | | | | | | | | | | |
| | | Burial Mar. 31,1982 Loudon Park Baltimore City, Maryland | | | | | | | | | | |
| | | UNERAL DIRECTOR ADDRESS 6500 York Rd. 1250. DATE REC'D. BY REGISTRATION HER COLLARS TO THE PROPERTY OF THE PR | | | | | | | | | | |
| | Mi | itchell-Wiedefeld Home, Inc. Balto., Md.21212 1982 | | | | | | | | | | |

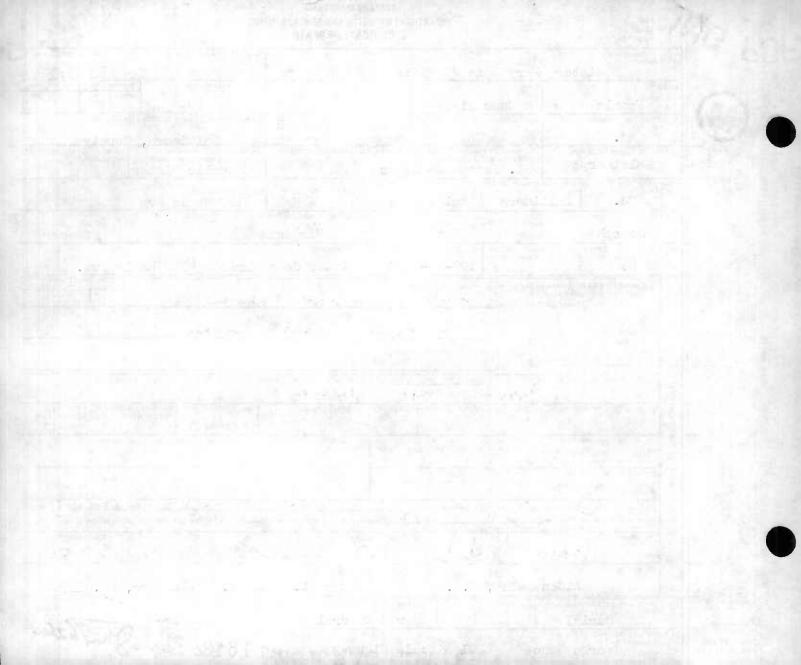
DHMH-16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MARCH 28, 1902 remle a mit concersville samplanm sample somer S713 Surmit Ave. ng landungaltinose mag.villo Manoine V. Firdt A - Ni- 198 Revenue and a more printer of the contract of the BATH AREST CALCULATION OF THE TOTAL . 1: 1, 1, ... all ore its, and is unicl co. 31, bes

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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Frances M. Ryjacek 6. AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS DATE PRONOUNCED Dec. 8, 81 1900 Female White JE BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & Maryland U.S.A. Baltimore County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Ass. Director Medical Center, Towson Baltimore 3. RETAIN PA SHOULD BE F School of Nursing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO W 7115 Greenwood Ave. 21206 Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Rviacek Joseph Anna Trestik 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 216-01-3955 Josephine T. Pletka. same as #13e 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF DUE TO, OR AS Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR BURIALlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESEASE OF CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a DATE OF OPERATION 20. AUTOPSYT BURIAL YES [] PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 71h TIME OF INJURY HOUR A.M. UNDERLYING CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Undetermined manner Natural causes CAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Mayala 3-8-82 Burial Holy Redeemer Cemetery MAR 8 PS82 24. FUNERAL DIRECTOR 1050 York Rd. **DHMH-17** (VR A15 ME (5) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 2/80

TO THE TREE NO. 1220. olineral .t. Lescol Em -12-2 min Joseph Min M. elecita, on e se ille X Sugar Day a recovered that is the . e. Ci O. . O. e. C _ _ _ O _ . Ou C. ' . O -

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| | | /1 | 7 | | | | | STATE | OF MARYLA | AND | | | | |
|--|--|--|--------------------------|--|--------------------------|----------------------------------|----------------------------------|-----------------|---|-------------------------|-------------------------------|--------------------|-----------------|----------------------------|
| | | 5 | 1- | FOR STATE REGISTRAR | | | DEPAR | | CATE OF D | MENTAL HYG DEATH | IENE REG. N | 1 0. | 5 7 | 11 |
| | | | | E ASED NAME | FIRST | ٨ | NIDDLE | LA | ST | | 20. DATE OF DEATH | MONTH DA | Y YEAR | 2b. HOUR |
| | bge 3 | | (ITPE | OR PRINT) | MATTIE | 5 | L. | SCARBO | RO-SMI | TH | 3-1-82 | | | 8 P M |
| | YOF GO | | 3. SEX | the contract of the contract o | 4. | RACE | | 5. DATE O | FBIRTH | ME AD | 6 AGE (IN YEARS LAST B | | NIHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| | Water land | | | Tama1e | | Whi | te | MONTH | 4DAY | 88 | 93 | YRS | | |
| | 人民社 | | 7a. BIR | THPLACE (STATE OR FO | REIGN 7b. | CITIZEN OF | WHAT COUNTR | Y? 8. | NEVER A | MARRIED T | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| | 1000 | 10 | N | orth Carol | ina | U. | S.A. | WIDOWE | | VORCED _ | Baltimor | e Cour | nty | MD. |
| | a de la | 3 | 10 CITY OR TOWN OF DEATH | | Н 11 | | | | 120. USUAL OCCUPA (TYPE OF WORK FOR MOST | | 12b. KIND C | OF BUSINESS OR | | |
| 5 | s aft | 10 | | atonsville | | Forest | Hasven : | Nursing | Home | | Homemake | r | | |
| 212 | hour d in 8 be f | | USUA 130. S | L RESIDENCE (IF NURSIN | G HOME OR OTH | HER INSTITUTION. | GIVE RESIDENCE BEF | ORE ADMISSION) | 13d. INSIDE C | ITY HARTS? | 13e. STREET ADDRESS | | 37.52 | |
| 2 | 24 h filled buld I | 55 | | ryland | | 7,745 | Baltim | | YES 🔀 | NO 🗌 | 793 Yale | | 2122 | 9 |
| YLA | rtely 2 sh | | 14. FA | THER'S NAME | | DLE | LAST | | 15. MOTHER | S MAIDEN NA | ME | | LA | ST. |
| MA M | m pla | DC | | Emry | MID | DIE | Willi | | A | nlisa | Milott | | | known |
| RE, I | 5 8- | | | AS DECEASED EVER I | | | 166 SOCIAL SE | CURITY NO. | 17. INFORMA | ANT | ADDI | RESS | | |
| WO | be exection and crs. Pages | 2 | (4) | NO OR UNKNOWN) | (IF YES, GIVE W | (AR OR DATES) | 220-01 | -2721 | Flore | nce Rev | ris 793 Yal | e Aven | ie 21 | 229 |
| 05, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | the the | ws any injury, ar ather traumatic event, | N | Canditions, if any, gave rise to imm couse (a), stating underlying cause | which ediate g the last. | DUE TO, OI (b) DUE TO, OI (c) | R AS A CONSEC | QUENCE OF | Variated NOT RELATED | O TO THE TERM | INAL DISEASE OR COL | NOITION GIVE | N IN PART 1 | (a) |
| L RECORI | n. nas been permit. Ti ne priar t | | CERTIFICATION | 19a. DATE OF OPERAT | ION | 196 COND | TION FOR WHI | CH OPERATIO | N WAS PERFO | DRMED | 20a AUTOPSY? | | | NGS USED S OF DEATH? |
| DIVISION OF VITAL RECORDS, | ding physicia ding physicia dis certificate burial-transit Aental Hygie | | - | 210. ACCIDENT WAS UNDO | AUSE OF DEATH | 21b. TIME O HOUR A. P. | M. MONTH | DAY YEAR | 21c. HOW IN | NJURY OCCURI | RED (ENTER NATURE OF IN. | OURY IN ITEM 18 PA | RT 1 OR PART 2) | |
| IVISION | or attending place of the buriels of the ond Mental | 5 | MEDICAL | 21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR | LE 🗆 | 21e PLACE (AT HOME STE | OF INJURY REET, FACTORY, OFFI | CE, FARM, ETC) | 211 LOCATION STREET | ON T | CITY OR 1 | rown | COUNTY | STATE |
| | H C S | | | 220 I certify that (1) saw the decease above (Ty(we) (d | | | | 82 or | nd that in 🔘 | , 19) (aur) apinian | death occurred on the | date and hour | and from the | |
| | y the hasping the hasping the hasping the hasping the transfer of detached footed bept. of the hasping the transfer of the hasping the hasping the transfer of the hasping | T. If Item 2 | | 226. SIGNATURE | iol | d | BIG | ν | UU | | DIRECTOR PHYS | AFF ICIAN [] | 22c. DATI | SIGNED 2-8-2 |
| | TO HOSPITAL (retained by the TO FUNERAL I should be deta | | | ARO C | -0 | (3 | 30 B | MD | 720. ADDRE | u Pa | uk He | yhts | 21 | 208 |
| | T 5 + 2 2 3 | - 1 | 23a. B | URIAL, CREMATION, I | REMOVAL | 23b. DATE | | 3c. NAME OF C | | | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| 25.4 | BP | | | Burial | | 3/5/8 | 2 | | | | rk Elkridge | | oward | Maryland |
| C | OHMH-16 30M 2/80 | C.E | | INERAL DIRECTOR | | | ADDRES | | L229 | | E REC'D. BY REGISTRA | R 25b. REGISTE | AR'S SIGNA | TURE |
| | (VRA 15, 4) | Yes S | Hu | bbard Fune | ral Ho | me, In | c. 4107 | Wilker | is Ave. | NA S | R 3 1982 | Vance | Man | KIN |

STATE OF MARYLAND

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| | 1 | 1. | FOR STATE REGISTRAR | | DEPAI | RTMENT OF H | E OF MARYLA EALTH AND A ICATE OF D | MENTAL HYG | | 0 | 5 7 | 8 0 |
|---|--|---------------|---|------------------------------|--------------------------|--------------------------|------------------------------------|--------------------|--|--------------------|-----------------------|----------------------------------|
| | | 1. DE | CEASED NAME FIRST | | MIDDLE | | AST | | REG. N 20 DATE OF DEATH | O. MONTH DAY | Y YEAR | 2b. HOUR |
| | e e e | (TYPE | John | | | So | heeler | Jr. | | 3- 19- | - 82 | 7;10pm. |
| | page 3 | 3. SE | | 4. RACE | | 5. DATE C | | JI. | 6 AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS |
| | e He | J. J. | | White | | MONTH | | 92 PAR | 89 | | INTHS DAYS | HOURS MIN |
| | 1 (1 in) | 70 81 | Male RTHPLACE (STATE OR FOREIGN | | WHAT COUNTR | | ~ | | 9. BALTIMORE CITY C | YRS | S DE ATH | |
| | で(解析を | C | DUNTRY | | WHAI COUNTR | | arated NEVERA | | Baltimor | - | | |
| - | 1 1000 | | TY OR TOWN OF DEATH | USA | HOSPITAL NUR | WIDOWE | - Inner | VORCED . | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| 201 | 1/11/90 | Ca | atonsville | Little | Sisters | of th | | IIUION | (TYPE OF WORK FOR MOST OF Mechanic - Chauffeur | | INDUSTRY | F BOSINESS OR |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | 25 Par 25 | | AL RESIDENCE (IF NURSING HOME COLLARY LAND | dr Other institution INTY | 13c. CITY OR TO Balti | FORE ADMISSION) DWN MORE | 136 INSIDE CI | NO [| 136 STREET ADDRESS 347 Yale | Ave. | 2122 | 29 |
| RYL | rithii 2 st | 14 FA | THER'S NAME | MIDDLE | LAST | | | MAIDEN NAM | ME MIDDLE | | 1.457 | |
| MA | y algan Sano | | John | MIDDEL | Schee | eler | | herine | MIDDLE | | Str | ieb |
| m, | d camp | 16a. V | VAS DECEASED EVER IN U.S. A | RMED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMA | NT | ADDR | | | |
| W O | Pages Pages | | No No | VE WAR OR DATES! | 219-10 | -8494 | Sr. M | lartha | 601 Maiden | Choice | e Lane | |
| ALT | sicial ol. | | 18 CAUSE OF DEATH Enter of | inly one couse per | line forme, (b). | ond (c | | | | | APPROXII BETWEEN C | MATE INTERVAL DISET AND DEATH |
| 80 | th certificate b nating physicia corbon papers. , or removal. | | PART I. DEATH WAS CAUS | ED BY- | | mon | any | ees/e | mo. | | | |
| SN | | | 4210 | | | | - | / | 1 | 1 | - 15 | |
| 510 | death attend ove co ntion, o | | Conditions, if any, which | (b) | RAS A CONSEC | | umon | rio. Le | ng stamo | (ing di | 5. | |
| 8 | not the death ce by the attendin use remove corb i, cremotion, or a ather troumotic | No. | gove rise to immediate couse (a), stating the | SUE TO O | DAS A CONSE | DUE PE OF | | | | | | |
| 3 | thot the day t | | underlying couse lost DUE TO, OR AS A CONSEQUENCE OF CLOCK CO. L. hemifologia A.S. Evel big | | | | | | | | | |
| 201 | 0 = = 0 | 10 | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING T | O DEATH BUT | NOT RELATED | TO THE TERM | IN AL DISEASE OR CON | DITION GIVEN | V IN PART 110 | |
| RDS | equires n signe Then p to bur injury, | NO NO | | | | | | | | | | |
| 0 | n. nas been permit. I ne prior | CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHI | CH OPERATIO | N WAS PERFO | RMED | 20a AUTOPSY? | 20b. IF YES, | WERE FINDIN | IGS USED |
| I R | - 43 43 V | II. | | | | | | | YES NO | YES | NG CAUSES | NO [|
| 1 | G PHYSICIAN; The attending physicion for this certificate has the buriol-transit prond Mental Hygien red or them 18 shown | E E | 210. ACCIDENT WAS UNDERLYING | | | D.W. WEAD | 21c. HOW IN | JURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18, PAR | T 1 OR PART 2) | |
| 9 | SICIAI ng ph certifi rial-tr nial-tr hem I | ¥ | OR CONTRIBUTING CAUSE OF DE | | M. MONTH M. | DAY YEAR | | | | | | |
| O | PHYSICIAN: ending physical this certifical to burial-tran and Mental Big d or Item 18 H | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY | | 211. LOCATIO | DN | CIEV OF TO | | COUNTY | |
| VISI | d = = = = = | Σ | WHILE NOT WHILE AT WORK | (AT HOME, STI | REET, FACTORY, OFFI | CE, FARM, ETC.) | SINGE | | CITY OR TO | VN | COUNIT | STATE |
| 5 | A A A A A A A A A A A A A A A A A A A | | 220.1 certify that (1) (this has | oital) attended th | e deceased from | m Fee | les | 1974 | | , 15 | 82 1 | that (I) (we) last |
| | F E 2 0 % 2 | | sow the deceased alive a above, (1) (we) (did) (did) | | 19 | 826.01 | nd that in (my) | (our) opinion o | death accurred on the d | ote and hour c | and from the i | couses stated |
| | OR ATTEN e haspitol DIRECTOR sched for a Dept. of H | | 22b. SIGNATURE | of view the body | Olfer deoth. | 1 | DEGREE | | · · · · · · · · · · · · · · · · · · · | | 22c DATE S | SIGNED |
| | the Diff. If It | | Hace | les H. | need | 5001 | 12(-1) A | TTENDING PHYSICIAN | MEDICAL STA | FF | 8.19 | 9.82 |
| | by by ANT ANT | 1 | 224. PHYSICIAN'S NAME (TYPE | OR PRINT) | 6 | | 122e ADDRES | | , meeton into | A | | |
| | TO HOSPITAL retained by the TO FUNERAL should be delived to the Stote IMPORTANT: | | STANLEY | ANKLI | 200 | | 11011 | maid. | en Clevie | 0 / Q A | Bos OV | 21229 |
| | TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detoched it with the Stote Debt. or IMPORTANT. If them S | 23n F | <u> </u> | | | IL NAME OF C | EMETERY OR C | | 123d LOCATION | 10 | | |
| 200 | 2 BP | (| BURIAL, CREMATION, REMOVA SPECIFY) Burial | 03-23 | | | n Park | - I CALLONI | Baltimore | _ | ути О | laryland |
| 201 | 70 | 24. FI | JNERAL DIRECTOR | 1 03-23 | | Loudo | 21229 | 250 DATE | REC'D BY REGISTRAR | 251-DEGISTRA | ARS SIGNATI | |
| | DHMH - 16 50M 1/76 (VR A 15 (4)) | | NAME | Home T. | ADDRESS | 7 1.7:11-0 | | 1 1 | AR 24 1982 | Courses | ofan | 1 KNOW |
| | | П | ubbard Funeral | mome, I | 11C. 410 | \ MITKE | no Ave | • | | | | |

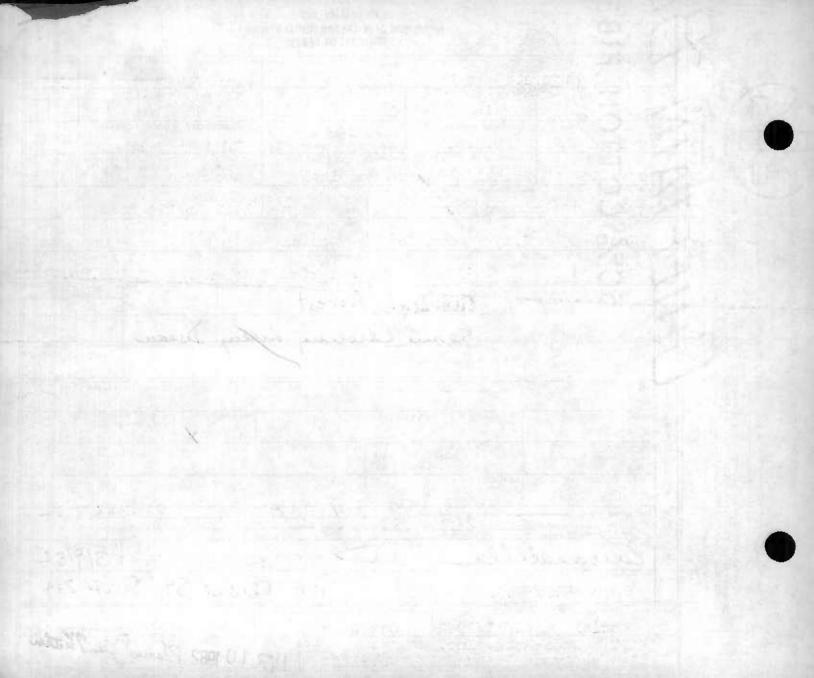
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | FOR - STATE REGISTRAR | DEPART | | HEALTH AND MENTAL HYG | | A = 9 | 0 1 |
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| | ECEASED NAME FIRST | MIDDLE | | LASI | REG. NO. | DAY YEAR | 7b HOUR |
| LIAI | Marga | ret d | SCH | FNK | Manch 7 1002 | | The same |
| 3 S | | 4 RACE | | OF BIRTH | March 7, 1982 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | 6.33 pm |
| F | 'emale | White | 10 | 8 1918 | 63 YRS | MONTHS DAYS | HOURS MIN. |
| 7a. 6 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8 | D X NEVER MARRIED | 9. BALTIMORE CITY OR COUN | | |
| M | laryland | U.S.A. | WIDOW | | Baltimore Co | untv | MD. |
| 10. 0 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120. USUAL OCCUPATION | 12b. KIND O | F BUSINESS OR |
| | Rossville | Franklin Squa | are H | ospital | Checker | A&P | , |
| 13a M | laryland Bal | ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW timore Dunda] | /N | 134. INSIDE CITY LIMITS? YES NO 🛣 | 13e STREET ADDRESS 1612 Leslie | Road | |
| 14 F | ATHER'S NAME FIRST Jesse | S. Bradi | Eau a | 15 MOTHER'S MAIDEN NAM | ME | LAS | 31 |
| 160 | WAS DECEASED EVER IN U.S. AI | | | Louisa 17 INFORMANT | ADDRESS 7 C | | teda |
| | | VE WAR OR DATES) | | | | | ie Road |
| H | | | | Frederick J | .Schenk,Sr | | |
| | PART I, DEATH WAS CAUS | CLAUCH | od (ci.) | Arrest | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| 13 | 4/1/9 IMMEDIA | TE CAUSE (0) | ENICE OF | | . , | | - 1 - 2 K-10- |
| 16 | Conditions, if ony, which | DUE TO, OR AS A CONSEOU | 2 CB | Louisie As | Herry Dseace | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | | | |
| | underlying couse lost. | (c) | LITCE OF | | | | |
| z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION (| SIVEN IN PART 10 | D |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | ODERATIO | NI WAS BEREORUS | Too AUTODOV2 | VEC WERE EN IN I | 100 |
| FIC | 198 DATE OF OPERATION | 190 CONDITION FOR WHICH | OPERATIO | IN WAS PERFORMED | IN CER | YES, WERE FINDIN | OF DEATH? |
| ERT | 71a. ACCIDENT WAS UNDERLYING | 71b. TIME OF INJURY | | 216 HOW IN JURY OCCUPR | RED (ENTER NATURE OF INJURY IN ITEM) | YES | NO 🗌 |
| | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH D. | | The transfer occount | (ENTER NATURE OF INJURY IN HEM I | B PART I OR PART 2) | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | 21e. PLACE OF INJURY | 19 | 211 LOCATION | | - | |
| × | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFFICE, I | ARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| | | tal) attended the deceased from_ | | 4 19 79 | 2 | 19 82 | that (I) (week last |
| | sow the deceased alive or | 2/12 19 | 25. | nd that in (my) (our) opinion o | death occurred on the date and h | nour and from the | couses stoted |
| | 226. STGNATURE | 1 1 1 1 | | DEGREE | | 22c. DATE | |
| | Coludee | elle_ | M | ATTENDING PHYSICIAN Z | MEDICAL STAFF | 3/ | 7/82 |
| | 22d. PHYSICIAN'S NAME (TYPE | | | 220 ADDRESS | V C1 | C | 014 |
| | Edward Mille | er M.D. | | I IE. | lidel ST. | Just | eus |
| 230 | BURIAL, CREMATION, REMOVAL | . 23b. DATE 23c. I | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE |
| | Burial | 3/11/1982 | Oak | Lawn | Balti | | aryland |
| 1 | | -Ruck, Inc RODRESS | | 25a. DATI | E REC'D. BY REGISTRAR 25b REG | | father |
| 7 | 922 Wise Ave | nue Dundalk, | MD. | 21222 MA | R 10 1982 Fran | D | |

DHMH - 16 50M I / 81 (VRA 15, 4)

BP.



- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Louis SCHIESSER March 6, 1982 8:00p 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR 13b COUNTY 13e STREET ADDRESS ESSEX 420 LOUIS SCHIESSER 18 CAUSE OF DEATH (Enter only one cause pe Myocardial Infarction PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Nonketo ttic Hyperosmolar Coma possible cause (o), stating Septisemia DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY NOT WHILE March 6 220.1 certify that & (this hospital) attended the deceased from 82 sow the deceased alive on 11d1'C/I O obove, (we) (did) (did oo) view the body after death ond that in (💰) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OR PRINT) S. Gersh, M.D. 22e ADDRESS 9000 Franklin Square Dr., 21237 236 DATE 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15.4)

.E. CENNELLY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR (TYPE OR PRINT) Herbert Thomas Schilling March 2, 1982 7:30 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 0.00 1913 Male Caucasian Jan. 69 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville 104 Beechwood Avenue Accountant Manufacturing 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 104 N. Beechwood Ave. 21228 Baltimore Catonsville 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Schilling Townsend Tracev Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes WW 215-03-3121 Mrs. Elsie B. Schilling Same as 18 CAUSE OF DEATH Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow The deceosed olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN M.D. PHYSICIAN THAME (TYPE OF PRINT 22e ADDRESS should by with the Balt. National Pike Balt, Md 21225 Harry S. Gimbel, M.D. 5226 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/82 View Mem Pk Sykesville Carrol 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) MacNabb Funeral Home Catonsville, Md.

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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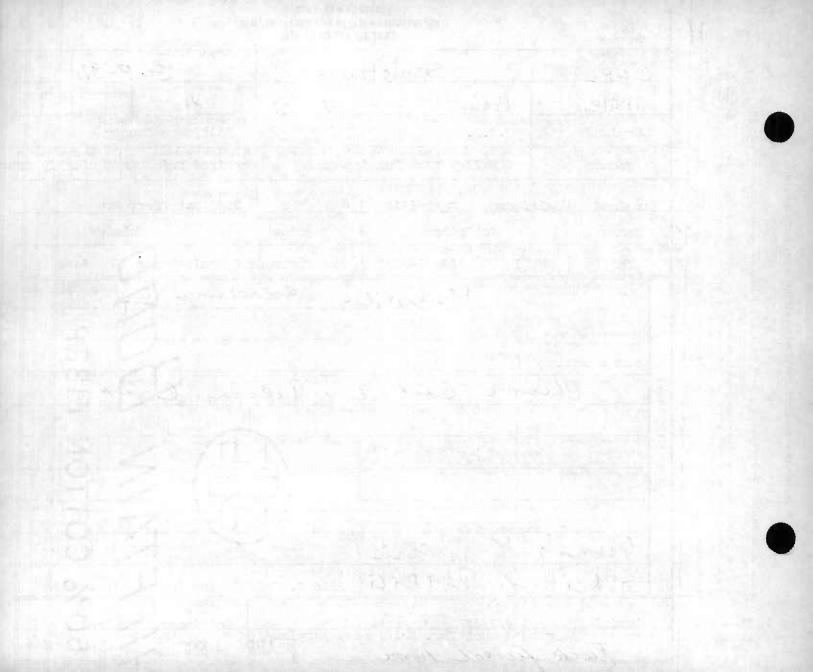
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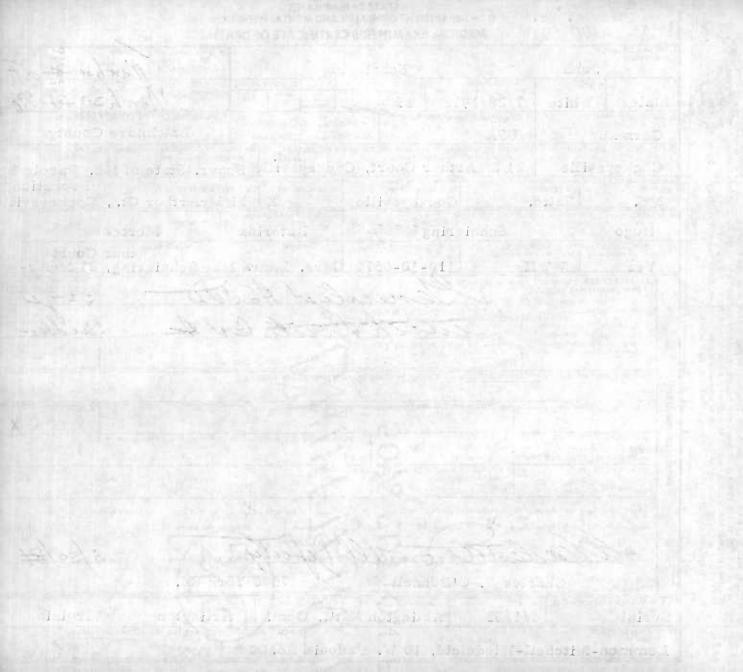
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

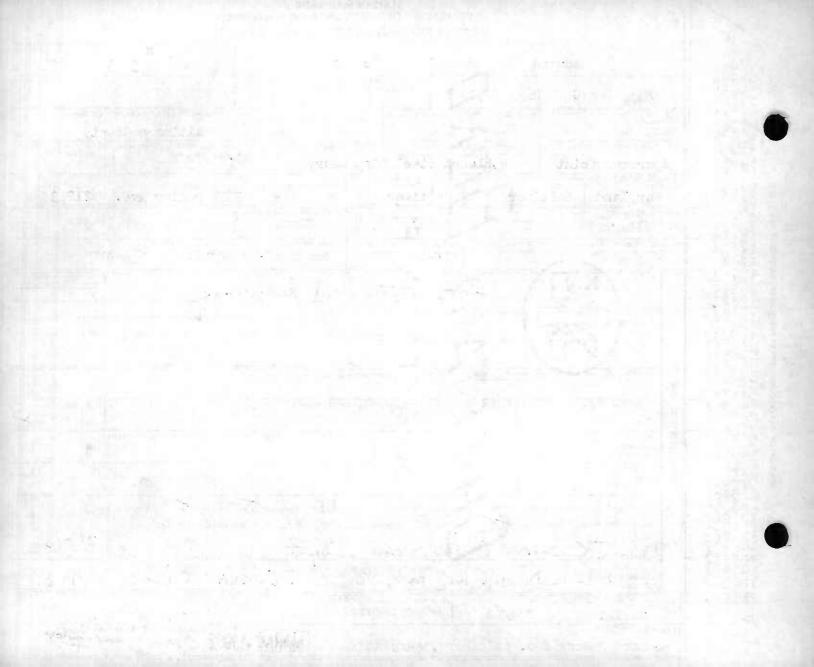
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| | | tem 22a, | 0566 | STATE OF | MARYLAND | | |
|---|-------------------------------------|--|--|------------------------------|--------------------------------|---|---------------------------------|
| * | - STATE | 1:16/82 = | . G566 - DEPA | | | 4.9 | 0 5 7 6 0 |
| 20 | REGISTR 1. DECEASED | AK | MEDICA | | CERTIFICATE O | KEO. INC | |
| m = 5 m = | (TYPE OR PRINT |) | | | • | 20. DATE KNOWN OF ESTI- | MONTH DAY 82 26. HOUR |
| EAS | 3. SEX | John 4. RACE | IS DATE OF BIRTH | Schnie: | | DEATH MATED 24 HRS. 2c. DATE | MONTH DAY 2 24 HOUR |
| 546.50 | Male | White | 7/28/1916 | AR LAST BIRTHDAY) MO | NTHS DAYS HOURS | MIN. PRONOUNCED | 120 8 238 |
| S SERVICE | 70. BIRTHPLAC | | 7b. CITIZEN OF WHAT CO | 05 YRS. | 3.8 | B BALTIMORE CITY C | OR COUNTY OF DEATH |
| 田東京 | FOREIGN COL | nany | TICA | MAI | RRIED NEVER MARRI | ED | nore County |
| 4 S B B B | | OWN OF DEATH | 11. NAME OF HOSPITAL, LIF NOT IN SUCH FACILITY, G | NURSING HOME, OR O | THER INSTITUTION. | 120. USUAL OCCUPATION (TYPE | E OF WORK 12b. KIND OF BUSINESS |
| 201 ANY DELAY ISTAND 3 TO THE RETAIN PAGE COND BE FILED | Cock | eysville | 2 L McArth | ur Court, | Cockeysvill | FOR MOST OF WORKING LIFE) Supur. State | of Md. Parole & |
| 21201 I. IF ANY DEL 22, AND 3 TC 33, RETAIN P SHOULD BE | USUAL RESIDI | | OR OTHER INSTITUTION, GIVE RESIDE | | | 13e. STREET ADDRESS | Probation |
| P. AND S. AND S. AND S. AND S. AND | Md. | Balt | | ckevsville | YES NO X | | Ct., Cockeysville |
| O I . NS S | 14. FATHER'S | NAME | WIDDLE | LAST | 15. MOTHER'S MAIDE | | LAST |
| OC SESTI | Hug | (0 | Schnieri | ng | Kater | ina M | ertes |
| - RA & - | 16a. WAS DEC {YES, NO, OR | EASED EVER IN U.S. AR | MED FORCES? 16b. : | SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS | thur Court |
| BALTIMC URS AFTEI URS AFTEI WITH FO PAGES DIVISION | Yes | ww | II 11 | 0-10-0570 | Mrs. Lau | ra Mae Schnie | ring, 2LMcAr- |
| | 18 CAI | USE OF DEATH (Enter on | ly one cause per line far a | (b) and (c).) | 0 14 | 100 | APPROXIMATE INTERVAL |
| ON ST., 24 HOL ITEM 18 ITEM 18 PERMIT. | 1/ | | TE CAUSE (o) | Rners | leged H | SCUD | 2=76 |
| PRESTON ST., VITHIN 24 HOI CIL IN ITEM 18 NER ALONG ANNIT PERMIT AOVAL. | 700 | nditions, if ony, which | DUE TO, OR AS A C | ONSEQUENCE OF | A + | 011 | 0 111 |
| | ga | ve rise to immediate use (a) stating the under- | 1 | elh | poule. | CVA | Sudden |
| 301 W. CUTED V IN PEN I | | ng couse last. | DUE TO, OR AS A C | ONSEQUENCE OF | | | |
| S, 36 KECU S, IN SBUR BUR D'N, O | PART 2.0 | THER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NOT | BELATED TO THE TERMINAL DICE | ASS OR COMPUTANT CHIEF OR 224 | W 1 / 1 | |
| DIVISION OF VITAL RECORDS, 3 CERTIFICATE SHOULD BE EXECT THING THE WORD "PENDING" FOR THE MEDICAL ES ABOULD BE OFFEN AS A BUG TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUG TO THE CHIEFH AND PRIOR TO BURIAL, CREMATION, | | The state constitutions | CONTRIBUTING TO DEATH BUT NOT | NECNTED TO THE TERMINAL DISE | ASE OR COMMITTION GIVEN IN PAR | 1 1 (0), | |
| REC PID I PEN PEN A ED A HEAI | CERTIFICATION 190. DA | TE OF OPERATION | 196 CONDITION F | OR WHICH OPERATION | WAS PERFORMED? | | 20. AUTOPSY? |
| SHOULD SH | - SE | | | | | | YES NO IX |
| OF VII | 210 EX1 | TERNAL CAUSE WAS | 216 TIME OF INJUR HOUR A.M. MON | | HOW INJURY OCCURRE | O LENTER NATURE OF INJURY IN ITEM 18 | |
| ONO THE TO THE T | WEDER CONTR 21d. INJ WHILE | LYING OR IBUTING CAUSE OF | | 19 | | | |
| CERTI CERTI TING DED 1 3 SH DEPA PRIOR | 21d. INJ WHILE | URY OCCURRED | 218 PLACE OF INJU | | OCATION STREET | CITY OR TOWN | COUNTY STATE |
| HIS WRII | AT WO | RK NOT WHILE | | 111, 67 669 | | CITORIOWA | COUNTY |
| ATE, ORV ORV R: P. | 220. | I certify that I taok charg | ge of the remains described | abave, held on Auto | apsy , Inspection | Inquiry . on | d in my apinian |
| AND THE PROPERTY OF THE PROPER | death | resulted fram Ngtu | rol causes Accide | ent , Suicide | Hamicide . | Undetermined monner . | 0.0 |
| EXAV CERT JID DIRE WITI | .emit | lh/ | 0-10 | 1 | 1 TILL (SPICIFY) | | 1 /2 |
| SHOULD BE THE SHOULD BE THE SHOULD SH | SIGNA | GE LAC | elest Oh | builly | M.D. Refeel | MEDICAL EXAMINER | SIGNED 3 /30/8/ |
| MEDICAL CUTE THE 3E 4 SHOU FUNERAL ER DEATH, | EXAMIN | NER'S NAME Ch- | arles F. O'D | lonn oll | 750 | 0 York Rd. | |
| TO MEDI EXECUTE PAGE 4 TO FUNE BATTEM DE | (TYPE C | R PRINT) | | | _ADDRESS | | |
| 1000 | (SPECIFY) | REMATION, REMOVAL | 23b. DATE 2 4/1/82 | A NAME OF CEMETERY | | Arlington | COUNTY STATE |
| BP | 24. FUNERAL | | +/1/04 | Arlington N | | EC'D. BY REGISTRAR 25b. REGI | Virginia STRAR'S SIGNATURE |
| DHMH - 17 (VR A15 ME (5)) | NAME | | ADDRESS | 1. 10 W P | | | Or on- |



| 1 | | OR | | | | MENT OF H | EALTH | | NTAL HYG | 79 1 | , , | 1 5 | 98/ |
|----|---------------|---|---|---|--------------------|---------------------------------------|-------------------|-----------------------|---------------------------|-------------------------------------|--------------------|----------------|---------------------------------|
| | R | EGISTRAR | c FIRST | ME | | EXAMINI | ER'S C | ERTIFIC/ | ATE OF D | | REG. NO. | , , | |
| ľ | | CR PRINT) | Edwa | rd Mi | chael | 1 | Schul | LZ | | 20. DATE K OF DEATH | ESTI- | 3 3 | 19 82 26. HOL |
| 3. | SEX | Male | Mhite | 5. DATE OF BIRTH June 17, 1 | 92 ^{YEAR} | 6. AGE (IN YEAR | Y) MONTHS | | UNDER 24 H | | CED | AONTH DA | YEAR 2d. HOL |
| 1 | FOR | THPLACE (SEIGN COUNTRY) | TATE OR | 76 CITIZEN OF WI | | | | | R MARRIED (| | timore | | FDEATH |
| | | y or town parrow: | of DEATH | 11. NAME OF HOS (IF NOT IN SUCH FA Bethle | PITAL, NUI | RSING HOME, TREET ADDRESS) TEEL D | | R INSTITUTIO | ON 12a | | ATION (TYPE OF | WORK 12b. H | KIND OF BUSINESS OR INDUSTRY |
| | a ST | | 13b. COU | or other institution, GINTY timore | 13c. CITY | BEFORE ADMISSIO OR TOWN Ltimore | | | LIMITS? 13e. | STREET ADDRESS | s dley A | ve. | 21213 |
| 1 | 4. FA | HER'S NAME Alber | | MIDDLE | MUDDLE Schülz | | | 15. MOTHER | S MAIDEN NA ara | AME | DDLE | Н | oġän |
| 34 | 60. W (YES | AS DECEASED S, NO, OR UNKNO Yes | D EVER IN U.S. AF | RMED FORCES? | | IAL SECURITY -18-559 | | Mrs . | | F Schulz | ADDRESS | Same | е |
| | 7 | gave ri cause (a) lying cau | ns, if any, which se to immediate stating the <u>under</u> use last. | (b) | AS A CON | ISEQUENCE O |)F | OR CONDITION 6 | IVEN IN PART 1 to | i. | | | |
| 1 | CERTIFICATION | 190 DATE OF | DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20 |). AUTOPSY? | | | |
| | | UNDERLYING | CAUSE WAS | | . MONTH | DAY YEAR | 21c. HO | W INJURY O | CCURRED (EP | NTER NATURE OF INJU | RY IN ITEM 18 PART | [OR PART 2) | YES NO |
| | ě | 21d. INJURY C | OCCURRED | 21e PLACE | | (AT HOME, | 211 LOC | ATION | | CITY OR TOW | Ν | COUNTY | STATE |
| | | death results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII | T.C.JO | ge of the remains desural causes. Hern O Diundalk | Accident Hee, | D. Suid | | Hamicid TITLE (SPE | Ly J. CRO | MEDICAL EXAMI | nner, | DATE SIGNED | 3/3/82 1, m.s. |
| 2 | 30. BU (SP | RIAL, CREMA ECIFY) Buria | TION,REMOVAL | 3/6/82 | 23c. ↑ N∈ | NAME OF CEM | etery or edral | CREMATOR | Y 23 | LOCATION CITY OR TOWN Baltimo | re. Mai | county | STATE |
| 2 | | NERAL DIREC | TOR | Inc. Balti | more, | Maryl | and | 250 | AAR 4 | 1982 | | | |



| / | 1 | STATE OF MARYLAND | | |
|---|---------------|--|-------------------|---|
| | 1- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES | 6 0 5 | 100 |
| | 1 00 | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED NAME FIRST ALBERT MIDDLE C. LAST SCRIMGER 120 DATE | REG. NO. | |
| NA | | (A) OF | H MATED DAR | TAY YEAR 26 HOUR |
| VY STREE | 3. SE | ALE 1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE OF BIRTH 1. ALE 1. | UNCED MAIN A 1 | 1982 730 |
| CESSARY VERAL DIR FOR YOU WITHIN 72 | 7a B | SIRTHPLACE ISTATE OR 17b. CITIZEN OF WHAT COLINTRY? IR | ///// | Y OF DEATH |
| E FUNERAL DIR E S FOR YOUR E. S FOR YOUR E. WITHINZ2 I W. PRESTON S | M | OBEIGH COUNTRY) IARYLAND US A WIDOWED DIVORCED OFFICIAL TO SEE THE SEE TH | 3DITIM | VRE CU MD |
| Z = 0 = 5 \ \ | 10. C | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCU | | OR INDUSTRY |
| D. 21201 2, AND 3 TO 1 3. RETAIN PA SHOULD BE AL RECORDS. | | AL RESIDENCE (IF IN NU DIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13c. CITY OR TOWN YES NO 130. STREET ADDR | 77101 | 71237 |
| AD.2 | 14 F | ATHER'S NAME IS, MOTHER'S MAIDEN NAME | 13172 | 21271 |
| MORE, MD. ER DEATH. IF PAGES 1, 2, ONM PAGES 1, 2, ONN PAGES 1, 2, ONN OF WITAL | | CURRIE LEE SCRIMFER EDITH | GE1 | BHOKT |
| ALTIMO AFTER IVE PA H FOR H FOR ISION | 160. \ | WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT 215.16516 94 EDITH SPREAFUS | 5710 HA | WILTUN 21237 |
| ON ST., B. 24 HOURS TIEM 18. G LONG WIT PERMIT. P. GIENE, DIV | | 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PATERIUS CLERATIC CAROLUMS AMEDIATE CAUSE (a) PATERIUS CLERATIC CAROLUMS | SCICI AR | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST. THIN 24 HOUSEL IN ITEM 10 HOUSEL IN ITEM 10 HOUSEL IN ITEM 14 HYGIENE, REMOVAL. | | 4293 (DUE TO, OR AS A CONSEQUENCE OF DICE DE | | |
| PREST THIN CIL IN VER A ANSIT AL HY REMO | in | Conditions, if ony, which gave rise to immediate (b) APENOCAPECINISMA OF PAN | REAC | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., WER: THIS CRATIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W ORE, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. ORE, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | cause (a) stating the <u>under-</u> <u>lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF | | |
| RECORDS, 2011 D BE EXECUTED PENDING" IN PI MEDICAL EXA NASOICAL EXA ISAS A BURIAL- ISALTH AND ME CREMATION, (| | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | |
| L RECO | ě | | | |
| SHOULD ORD "PE CHIEF A E USED A FUNRAL, C | N S | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | Ac | 2D AUTOPSY? |
| F VITAL WORD "WORD "WORD "S F CHIEF F | CERTIFICATION | 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF | 7 | YES NO 🔀 |
| PN OF THE WOOD THE WOOD BY TO BE STORED BY TO | ALC | UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 | TOTAL TOTAL | . 41 |
| DIVISION S CERTIFIC RITING TH RDED TO ZE 3 SHOU E DEPART | MEDICAL | 216. INJURY OCCURRED 210 PLACE OF INJURY (ATHOME, 211. LOCATION | | |
| DIN THIS C WARD WARD PAGE TATE [| 2 | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET | OWN COUR | NTY STATE |
| NER: TI ICATE, FORW TOR: P AND, 2 | | 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry | y A and in my opi | nion |
| EXAMINER: CERTIFICATION DID BE FOR: WITH THE: MARYLAND, | | death resulted to Natural Course Accident . Suicide . Homicide . Undetermined in | monner , | |
| EXAMI CERTIFIC CERTIFIC CONTINUE BE T, WITH MARYL | | ACTUAL TITLE (SPECIFY) | DATE | 3/4/42 |
| SHOW SHOW | | SIGNATURE M.O.DEPUTY MEDICAL EXA | TRH RU | 1100 |
| TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | EXAMINER'S NAME PHULICGUZKIN MO ADDRESS COCKEYSU | | 121030 |
| 5 3 4 5 F 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 23a.B | BURIAL, CREMATION, REMOVAL 236, DATE 3/8/82 236, NAME OF CEMETERY OR CREMATORY CITY OF TOWN TOWN TO STOWN TO ST | COUNT | TY STATE |
| BP | | TO THE PARTY OF TH | RICK FREDI | GRICKMD. |
| DHMH - 17 (VR A15 ME (5)) | | SUMERAL DIRECTOR NAME OF THE SECONDARY STATE OF THE SECONDARY REGISTR MAR 4 1982 | PM \V. | in tarther |

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Funeral Home PA 1407 Old Eastern Ave MAR

FOR

I DECEASED NAME

REGISTRAR

FIRST

- STATE

LIYPE OR PRINTS

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR INDUSTRY Registrar Hospital 1000 Franklin Ave. 21221 Katherine Rydler ADDRESS 21221 1614 Middleborough Rd. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE March 29 82 and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 3-29-82 DIRECTOR PHYSICIAN 9000 Franklin Square Drive 21237 Baltimore County.

REG. NO

2h HOUR

IF LINDER I YEAR

10:55p

IF LINITED 24 MAS

20. DATE OF DEATH MONTH

9 -----COLUMN TO BE . 70 Indiffer served of Disease. BILLVESOR Total and his BESTS . BY DIEMONS ONE THOU TO HOS . No figure of the contract of the control of the co A CONTROL OF THE PROPERTY OF T poge 3

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CERTIFICATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SEEMANN

20. DATE OF DEATH

REG. NO 26 HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH

DATE OF BIRTH July 7, 1902 YEAR

MARRIED NEVER MARRIED

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Balto . Co. Gen Hospt.

13d INSIDE CITY LIMIT

NO

15. MOTHER'S MAIDEN NAME

FIRST

YES [

HOUSEWIFE HOUSEWIFE

Baltimore Co.

163 Shetland Circle

12b. KIND OF BUSINESS OR INDUSTRY

LAST

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Balto. Md. 14. FATHER'S NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4ELEN

MIDDLE

(IF YES, GIVE WAR OR DATES)

FOR

REGISTRAR

Female

TO. BIRTHPLACE I STATE OR FOREIGN

Cleveland Ohio

Randallstown

FIRST

YES NO OR UNKNOWN

Samuel

DECEASED NAME

- STATE

TYPE OR PRINT

3 SEX

Reisterstown Wood

MIDDLE

White

USA

7b. CITIZEN OF WHAT COUNTRY?

Unknown 17 INFORMANT

166 SOCIAL SECURITY NO Mrs. Margaret M. Rickels Reisterstown, Md.

| 8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | CARD(0 | ROSPIRATORY | ARREST | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
|---|--------------|---------------------|-------------|--------|--|
| 410 0 Conditions, if any, which | | AS A CONSEQUENCE OF | Myocaso.'a | | |
| gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR A | AS A CONSEQUENCE OF | | | |

IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

USETISE 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211. LOCATION

22e. ADDRESS

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME STYPE OF PRINT

NOT WHILE

21d. INJURY OCCURRED

23c. NAME OF CEMETERY OR CREMATORY

Cremation

March13,82

Security Process

PHYSICIAN

Baltimore, Md.

NO F

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Eline Funeral Home Reisterstown, Md. 21136

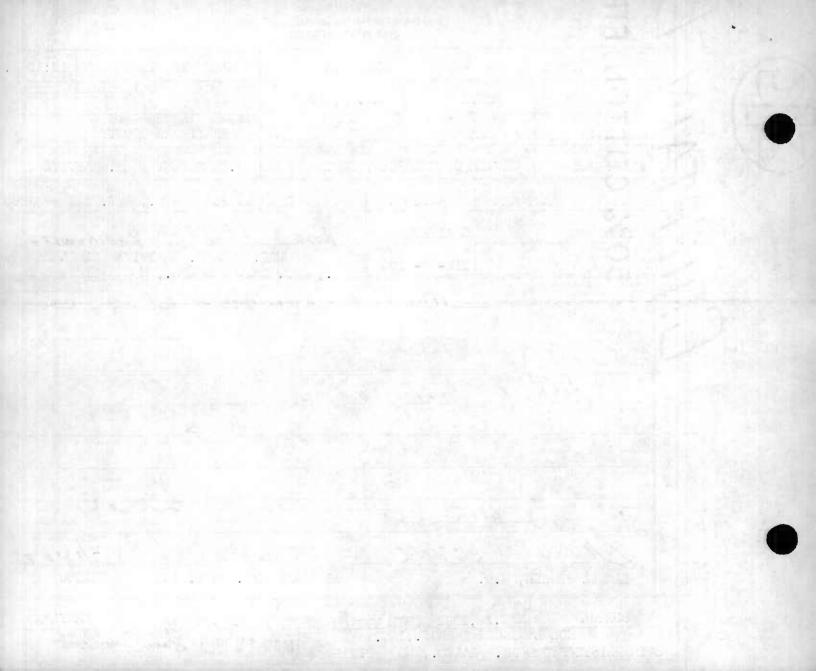
23b DATE

MAR 1

DHMH - 16 50M 1/B1 (VRA 15, 4)

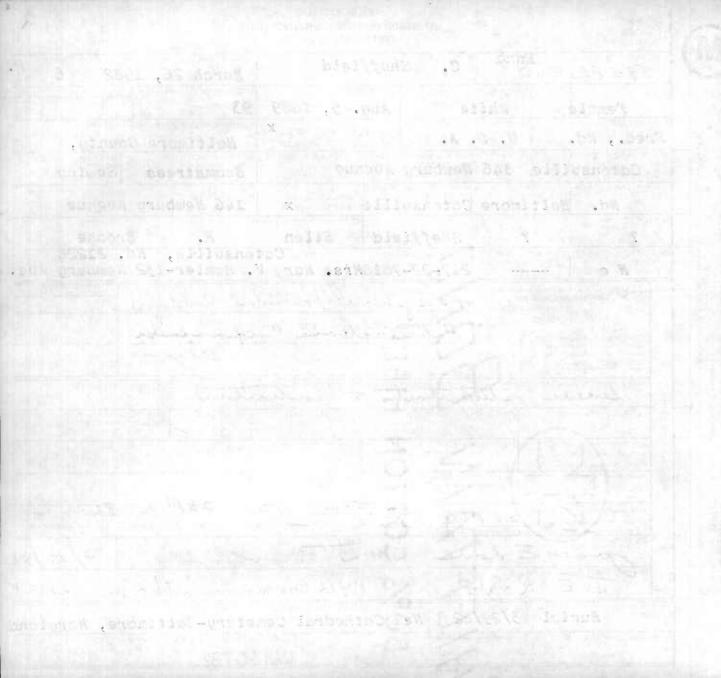
ld b IMPORTA show

| | Marin E.B. | | HELEN | |
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| (AR) | FOR STAT | E STRAR | DEPARTA | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | | 5 9 9 4 | |
|---|--------------------------------|--|--|--|--|--|--|
| | I. DECEASE | | idna MIDDIE S | heffield | | PAY YEAR 26 HOUR P | |
| 7 35 | 3. SEX | Female | 4 RACE White | Aug. 5, 1889 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 1 1 136 | 78. BIRTHPLA | | 76 CITIZEN OF WHAT COUNTRY? U. S. A. | MARRIED NEVER MARRIED MINORED DIVORCED | Baltimore C | | |
| 1 11 100 | | TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) SPUTNG | | |
| Albed in Section 1997 | USUAL RESI 130. STATE | 13b. COUN | other institution give residence before TY 13c. CITY OR TOWN imore Catonsu | | 13. STREET ADDRESS Newburg | Avenue | |
| 128/130 | 4. FATHER'S | NAME FIRST | Sheffi | eld Ellen | ME R ^{MIDDLE} B | rooke | |
| s. Poges | (YES, NO Q | CEASED EVER IN U.S. ARA | WAR OR DATES | 7818Miss Mary | tonsvilægs Md V. Hemler-132 | · 21228 Newburg Ave | |
| ed by the ottending physical costs remove corbon popural cremotion, or remove or other troumotic event. | Cond gave couse under | itions, if ony, which rise to immediate (o), stating the thying couse lost. | DUE TO, OR AS A CONSEQUE | sheral Pasen NCE OF | lar Collapse udvoisseubs. Disease | APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH | |
| een signe | NOLLA 196 DA | 2 9THER SIGNIFICANT CI | osleoartri | teath BUT NOT RELATED TO THE TERM | elures | | |
| roote hos b ronsit perm Hygiene pr 18 shows or | RTIFIC | | 196 CONDITION FOR WHICH (| | YES NO PYES | | |
| Mentol Hoor | OR COP | CIDENT WAS UNDERLYING THE TRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER) JURY OCCURRED | | Y YEAR 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN ITEM 18, PA | RT I OR PART 2) | |
| After the e os the lolth and morked o | AT WOR | NOT WHILE AT WORK | (AT HOME STREET FACTORY, OFFICE, FA | | CITY OR TOWN | COUNTY STATE | |
| RAL DIRECTOR: detoched for us tote Dept of He NT: If Item 21 is | so ob | w the deceased alive an aove, (1) (see) (did) (did not) | view the body ofter death. | | deoth occurred on the date and hour | ond from the couses stated 221 DATE SIGNED 3 27 82 | |
| TO FUNER should be o with the Sta | | J. E. 1 | COWE | 413 Comm | inweath A. | m 21229 | |
| BP | (SPECIFY) | Burial | 3/29/82 Ne | ame of cemetery or crematory w Cathedral Cen | 23d LOCATION netery—Baltimo | re, Marylanc | |
| I-16 50M 1/81 /RA 15, 4) | 24 FUNERAL | | dmondson Ave. ADDRESS | 25a DATE | REC'D. BY REGISTRAR 25b. REGISTR. | AR'S SIGNATURE | |



DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | - STATE REGISTRAR | 414.5 | | | CERTIF | ICATE OF DEATH | | REG. N | 0. | | |
|-----|--|-------------------|--------------------|---------------------------|--------------|----------------------|----------|---------------------------|-------------|-----------------|------------------------|
| | DECEASED NAME | FIRST | , | MIDDLE | l, | AST | | 20. DATE OF DEATH | | DAY YEAR | 26 HOUR |
| L | | Eugene | 2 | | She | lton | | March 6, 1 | 982 | | 4:30A |
| 3 | SEX | 4 R | ACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIR | (THDAY) | IF UNDER 1 YE A | |
| 1 | Male | h | Thite | | May 2 | | AR . | 49 | YRS. | MONTHS DAYS | HOURS MIN. |
| I | BIRTHPLACE (STATE OR FO | REIGN 76 C | ITIZEN OF | WHAT COUNTRY? | 0 | D T NEVER MARRIEL | | 9 BALTIMORE CITY | | Y OF DEATH | |
| 1 | Kentucky | I | ISA | | WIDOWE | | | Baltimore | Corm | tu | 441 |
| | CITY OR TOWN OF DEAT | Н 11. | NAME OF H | HOSPITAL, NURSI | NG HOME | OR OTHER INSTITUTION | | 12a USUAL OCCUPAT | ION | 12h KIND | OF BUSINESS OR |
| 1 | Randallstown | | | sanna Rd | | | | investiga | F WORKING L | | Linco |
| d | SUAL RESIDENCE (IF NURSIN | G HOME OR OTHE | R INSTITUTION. | GIVE RESIDENCE BEFOR | E ADMISSION) | | | | LOT | D088- | Litteo |
| 11. | Mary Land | Baltin | 2020 | Randall | | 13d INSIDE CITY LIMI | ITS? | 3935 Susan | na Pa | . 2113 | 22 |
| | FATHER'S NAME | Davvui | iore | naraatt | SLOWIL | YES NO 2 | | | ia na | <u>6</u> 4116 |) 0 |
| 1 | FIRST | MIDDE | 3. | Ma - 7 - | | FIRST | | MIDDLE | T 1 | | AST |
| 17 | Noah WAS DECEASED EVER IN | JIIS ADMED | FORCES2 | Shelto 166 SOCIAL SECT | | Agnes | D | Mae | | ilson | 7 |
| ш | (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR | OR DATES) | | | | | lallstownDDRI | | 21133 | |
| F | Yes | Korea | | 218-28-1 | 877 | Mrs. Ruth | She | lton 3935 | Susa | | |
| | 18 CAUSE OF DEATH PART I. DEATH WA | Enter only on | e couse per | line for (a), (b), ar | id ic | | | | | BETWEEN | NONSET AND DEATH |
| L | | MMEDIATE CA | | arrel | rova | sciler or | rid | ent | | | |
| L | 4360 DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| Ŀ | Conditions, if ony, which (15) arteriosclerates vareular dessons | | | | | | | | | | |
| L | gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| 1 | underlying couse | | DOE TO, OF | R AS A CONSECU | ENCEOF | | | | | | |
| ŀ | PART 2. OTHER SIGNI | FICANT CONE | DITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMI | NAL DISEASE OR CON | DITION GI | VEN IN PART 1 | /n: |
| L | Z | | | | S. Da | | | | | | |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER | NC | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | 20b. IF YE | S, WERE FIND | INGS USED |
| | Ĭ | 2 | | | | | | YES NO | | IFYING CAUSE | S OF DEATH? |
| 1 | 210. ACCIDENT WAS UNDER | RLYING | 216. TIME OF | | | 21c. HOW INJURY O | CCURR | ED (ENTER NATURE OF INJU | | | NO [] |
| | 00.00 | | | M. MONTH D | | | | | | | |
| E | (IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE | | P./ 21e PLACE C | | 19 | 211, LOCATION | | | | | |
| | | | | EET, FACTORY OFFICE, I | ARM ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | | | | Mar | n. 1966 | | Reb. 2 | 2 | 82 | |
| L | 220 I certify that (I) (3 saw the deceased | ALKENSONCK O | 122/82 | | | | | | - 7 | | , that (1) (last last |
| П | obove, (I) I XEX XI | (did not) vie | w the body | after death. | | | oinion d | eath accurred an the de | ate and ha | | |
| L | 226 SIGNATURE | | 1 | | | DEGREE | | 115D1C 11 C7.11 | | 22c DATE | ESIGNED |
| | 90 | then | | ele, M | 0 | ATTENDI PHYSICI | IAN X | MEDICAL STAI | IAN | 3/8/ | 182 |
| ı | 22d. PHYSICIAN'S NAM | AE (TYPE OR PRIN | IT) | | | 22e ADDRESS | | | H.C. | | |
| L | Dr. Joh | n Danne | 27.7. | | | 9017 Tihe | onti | Rd. Rand | allst | oum. Mo | 7. 21133 |
| 2 | a. BURIAL, CREMATION, RI | | b. DATE | 23(| NAME OF C | EMETERY OR CREMAT | | 23d LOCATION | 2000 | 2010 1110 | |
| | Burial | | 3/9/82 | Ma | adas | Branch Cem | | Westminst | on Co | county | MA STATE |
| 2 | | | | | | | | REC'D. BY REGISTRAR | | | ant. |
| | oring Byers. | Funeral | Dino | ctors. T | nc. | court, mu | MA | R 8 1982 | Zam | us Van | Therthen |
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DEPARTME AL HYGIENE

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| | | REGISTRAR | | | | CERTIF | ICATE OF DEA | AIH | REG. N | 10 | | |
|------|----------------|-----------------------------------|---------------|--------------------|---------------------|-------------------|-------------------|-----------------|--------------------------|-----------------|-------------------|-----------------------------------|
| N | | CEASED NAME | FIRST | - | MIDDLE | | LAST | | 2a DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| 8 | (1178 | | MAGGIE | | F | CH | OEMAKER | | Manch 21 | 1000 | | 2 20- |
| 23/3 | 3 SE | X | | 4 RACE | - | 5 DATE C | OF BIRTH | | March 31 | 1982 | IF UNDER I YEAR | 3:28a M |
| - | 1 | Female | | White | 9 | Feb | . 26 190 | YE AR | 81 | | MONTHS DATS | HOURS MIN. |
| | | IRTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUN | VTRY? 8 | | | 9. BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 19 | 3 | lenn. | | USA | 1 | MARRIE | D NEVER MAR | RCED - | | | | William . |
| + | 10. CI | ITY OR TOWN OF DEA | ATH | | | URSING HOME | OR OTHER INSTITU | | Baltimore | ION | 12b. KIND C | MD. OF BUSINESS OR |
| 57 | Ro | ossville 2 | 1237 | Frank | in Sq | · Hospit | al | | Housewife | OF WORKING LI | INDUSTRY Home | |
| 2 | JUSU/ I3a S | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION, | | | ALSO INICIDE CITY | | | | | |
| 25 | | Maryland | Balt | imore | Middle | e River | YES NO | DIMITS? | 39 Right | Wing | Dr. 21 | 220 |
| | 14. FA | ATHER'S NAME | 77-5 | AIDOUR . | LAS | | 15 MOTHER'S M. | AIDEN NAM | | - | | |
| 30 | | John | Smit | hers | LAS | 1 | FIRS | Emi] | ly Dagley | r | LAS | T. |
| 1 | I 6a V | VAS DECEASED EVER | | | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | | ADDR | | | |
| 1 | | NO OR UNKNOWN) | (IF TES, GIVE | WAR OR DATES) | 218 | 38 4483 | Jacque: | line H | Easter, Day | ghter | Sa | me |
| | | 18 CAUSE OF DEAT | H (Enter only | | | | | | | | | IMATE INTERVAL ONSET AND DEATH |
| | 7 | PART I. DEATH W | | E CAUSE (a) | yocard | lial Dyst | function | secon | dary to Ma | ssive | - | |
| | | 4100 | | DUE TO OF | PASACONS | SEQUENCE OF F | Interior | Myoca | rdial Infa | rction | 1 | |
| | | Canditians, if any, | which | (b) | | SEGOENCE OF | | | | | | |
| 13 | | gove rise to imm | | DUE TO OF | AS A CONS | SEQUENCE OF | | | | 1-1-1 | | |
| | | underlying cause | last. | (5) | AS A CONS | SE COENCE OF | | | | | | |
| | | PART 2 OTHER SIGN | NIFICANT CO | ONDITIONS CO | ONTRIBUTING | G TO DEATH BUT | NOT RELATED TO | THE TERMI | NAL DISEASE OR CON | DITION GIV | /FN IN PART 1/6 | a. |
| | NO. | | | 31.700 | | | | | | | | |
| 0 | CAT | 19a DATE OF OPERA | ION | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMI | ED | 200 AUTOPSY? | | S, WERE FINDIN | |
| 2 | CERTIFICATION | | | | | | | | YES NO | | FYING CAUSES | OF DEATH? |
| a | Ü | 210 ACCIDENT WAS UND | | 216. TIME O | FINJURY M. MONTH | I DAY VEAD | 21c HOW INJUR | YOCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM TO I | PART 1 OR PART 2) | |
| 1 | AL | OR CONTRIBUTING (| | H HOUR A./ | | DAY YEAR | | | | | | |
| / | MEDICAL | 214 INJURY OCCURE | RED | 21e. PLACE C | OF INJURY | | 211. LOCATION | | | | | |
| 34 | Z | WHILE NOT WH | RK | (AT HOME STR | EET, FACTORY, O | FFICE FARM, ETC) | STREET | | CITY OR TO | IWN | COUNTY | STATE |
| | 30 | 22a.1 certify that | (this hospita | al) attended the | deceased f | rom March | 28 | 9_82 | March | 11 | 19.82 | that X (we) last |
| 1 | | saw the decease above, (we) (a | d alive on_ | March | 31 | | | r) apinion d | eath accurred on the d | ate ond hou | ir and from the | |
| | | 226. SIGNATURE | , | wew me body | anci deam. | | DEGREE | 14.5 | | | 22c. DATE | SIGNED |
| | | Dest. | Heish | ,MD | | | ATTE | NDING SICIAN | MEDICAL STA | | 3-3 | 1-82 |
| 1 | | 22d PHYSICIAN'S NA | ME (TYPE OR | PRINT) | | | 22e ADDRESS | E 21 | | | | |
| | | Scott | Ger. | sh | | | 9000 | Frank | clin Square | Driv | e 21237 | |
| | | URIAL, CREMATION, | REMOVAL | 236 DATE | | | EMETERY OR CREA | | 23d. LOCATION | | 40 | |
| | - | Burial | | 4/4/8 | 2 | Highl sur | Comotor | 277 | O SITY OF TOWN | Tall T | COUNTY | STATE |

DHMH - 16 50M 1/BI (VRA 15, 4)

Funeral Home

PA 1407 Old Eastern Ave APR 2 1982 Charles Hinthen

| | | | | 45 | |
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| | The several | NitracarpO s | wa Ery tell | 581414 | |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 7h HOUR 50 22 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 64 BALTIMORE CITY OR COUNTY OF DEATH

SIDFRS 5 DATE OF BIRTH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MONTH

DAY 04 05

YEAR 17

MARRIED NEVER MARRIED

Balto. County DIVORCED T

13e STREET ADDRESS

12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

12h KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CITY OR TOWN OF DEATH Randallstown

Md.

TO BIRTHPLACE (STATE OR FOREIGN

MALFAL

Balto. Co. Gen. Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COMMITY

CAUCACION

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Reisterstown

YES [

WIDOWED

NOT 15 MOTHER'S MAIDEN NAME

161 Shetland Circle

LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

14 FATHER'S NAME

FOR

REGISTRAR L DECEASED NAME

FIRST

WILBERT

4 RACE

- STATE

TYPE OR PRINTS

COUNTRY

13a STATE

3 SEX

(IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO

LAST

17 INFORMANT

MIDDLE ADDRESS

(YES NO OR UNKNOWN) PART I. DEATH WAS CAUSED BY-

Conditions, if ony, which gove rise to immediate

couse (o), stoting the underlying couse lost.

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

IMMEDIATE CAUSE (o)

MIDDLE

705-12-7491

CARDIOGENIC SHOCK

DUE TO, OR AS A CONSEQUENCE OF ACUTE

MYOCARDIAL JINFARCTION BULLO ORAS ARONSEQUENCE OF WITH

PULLMONARY DEDEMA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION

IABETES MELLITUS.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

10 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

3-21-

CITY OF TOWN

270.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3 - 22 - 19 \$ 2 226 SIGNATURE

WHILE AT WORK

obove, (1) (we) (did) (did not) view the body ofter death,

DEGREE

22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 3-22-82

STATE

Removal

21d. INJURY OCCURRED

PATEL.

23c. NAME OF CEMETERY OR CREMATORY

County ben. 23d. LOCATION CITY OR TOWN

3-22-1982

STATE

24 FUNERAL DIRECTOR Anatomy Board

250 DATE REC'D. BY REGISTRAR 256 BEGISTRAL STIGNA Zastel

DHMH - 16 50M 1/81 (VRA 15, 4)

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pa

+

MPORTANT

DR. SUDHIR. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

27d PHYSICIAN'S NAME LIVE OF PRINTE

3/24/82

| Isles. County | | |
|---------------------|-----------------------|---------------|
| | Belto. Co. Con. Mosg. | miodal Labrai |
| alerio Smaldena lei | Roletorutown | i det |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) OF ESTI-Miles Siegel 30 10 82 Victor 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 3:05A PRONOUNCED 1982 APR. 7, 1961 White 20 Male YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX FOREIGN COUNTRY! USA Baltimore County MARYLAND WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
STUDENT SCHOOL -83 & 1-695 Towson 1136. COUNTY 21208 BALTO. BALTIMORE MARYLAND IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MARILYN CAPLAN SIEGEL HARVEY 17 INFORMANT MR. HARVEYASSIEGEL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7920 LONG MEADOW RD. BALTO., MD 21208 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? STATE DEPARTMENT OF HIS YES X NO 🗌 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) TO MEDICAL EXAMINER: THIS CRTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAS A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD SAFTER DEATH, WITH THE STATE DEPARTMEN BALLIMORE, MARYICAND, 2/201 PRIOR TO HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver in auto/fixed object impact 2:40xx 71f LOCATION 21e PLACE OF INJURY (ATHOME Md. WHILE AT WORK AT WORK Balto 1-83 & 1-695 street Towson Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Undetermined manner death resulted fram TITLE (SPECIFY) Deputy Chief 3/30/82 ACTUAL SIGNATURE EXAMINER'S NAME III Penn St. Balto., MD. Thomas D. Smith, M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL MAR 23c. NAME OF CEMETERY OR CREMATORY RANDALLSTOWN BALTO. MAR.31,1982 BETH EL MEM. PARK 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. D'ATE REC'D. BY REGISTRAR 256 3 GISTRAPIC SIGNATO E DHMH-17 21215 (VR A15 ME (5) 6010 REISTERSTOWN RD. BALTO., MD 15M 2/80

STATE OF MARYLAND

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MPORTANT

Burial

24. FUNERAL DIRECTOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE XC 166 20 9790 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 7h HOUR TYPE OR PRINT CHESTER STEMASKO 27 82 CHARLES 8:00 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YE 27 54 MALE WHITE Jo. BIRTHPLACE ASTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY PENNSYLVANIA U.S.A. WIDOWED DIVORCED T IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY V. A. MEDICAL CENTER COUNSELOR ORKING LIFE FORT HOWARD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) & COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? NORTH EXETER STREET MARYTAND BATTTMORE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wronowskie Helen Anthony Siemasko 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 166 20 9790 KOREAN CLINICAL RECORDS. VAMC. FORT HOWARD. MD YES APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY: ESOPHAGEAL CARCINOMA 3 MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BILATERAL ESOPHAGO-BRONCHEAL FISTULA 3 MONTHS Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 3 MONTHS PNEUMONIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION S/P GASTROSTOMY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (Kithis hospital) attended the deceased from 19 82 saw the deceased alive on 3/27 abave. (May) (did) (did) on view the bady after death and that in (Ky) (aur) apinian death occurred on the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS V. A. MEDICAL CENTER. FORT HOWARD, MD SOON JA KIM. M. D. 23a. BURIAL, CREMATION, REMOVAL 23. NAME OF CEMETERY OF CREMATORY Crownsville Md. St. V.A. Cemetery 23b. DATE 23d. LOCATION CITY OF TOWN Anne Arundel

DHMH-16 30M 2/80 (VRA 15, 4)

BP

Lilly & Zeiler, Inc. 700 S. Conkling St.

March 30'82

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PORT HOWARD V. A. PRINTERS THOU

Inria: | Heren 30 east was rile ad. St.

Listy & Joiler, Inc. 700 5. Condine St.

YORGAN 156 20 9790 CHAILDAL HODORDS, VARO, ROBER HOVARD, AD

V. A. M. TOO ... URELESS, FORT HOWARD, MC

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6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| 1.0 | FOR 1 - STATE REGISTRAR | DEF | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 2 0 6 | 0 0 |
|-----------|----------------------------------|---------------------------|---|--|------------------|
| e Pe | I. DECEASED NAME (TYPE OR PRINT) | Anna A. | sills | 2a DATE OF DEATH MONTH DAY YEAR March 20, 1982 | 2b HOUR 10:10 |
| ige 4 may | 3. SEX Female | 4 RACE White | 5. DATE OF BIRTH MONTH Sept. 10, 1892 | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TY MONTHS DA | |
| 0 | Le BIDTUDI ACC | - CITATELL OF LUMBET COLD | (XD)(0 10 | A DAITHAGE CITY OF COUNTY OF DEATH | |

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED I CITY OR TOWN OF DEATH 12n USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Joseph's Hospital Housewife Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2831 Summit Ave. Baltimore YES T NO X Carney Marvland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ekon Snyder Louis Jager Margaret ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST 213-74--7631 No Margaret Jager 2831 Summit Ave. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (Q DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 8 MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER! P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 50 CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE 2-20 82 3-20-22a.1 certify that 🌪 (this hospital) attended the deceased from 82 and that in (Xy) (aur) apinion death occurred on the date and haur and from the causes stated sow the deceased alive an above XII (we) (did) (did XXX view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED

100 ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS ld b 7620 York Road Towson, Maryland Artemio Arciaga Jr ŧ 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Baltimore March23,1982 Moreland Mem. Park

DHMH - 16 50M 1/81 24 FUNERAL DIRECTOR

(VRA 15, 4)

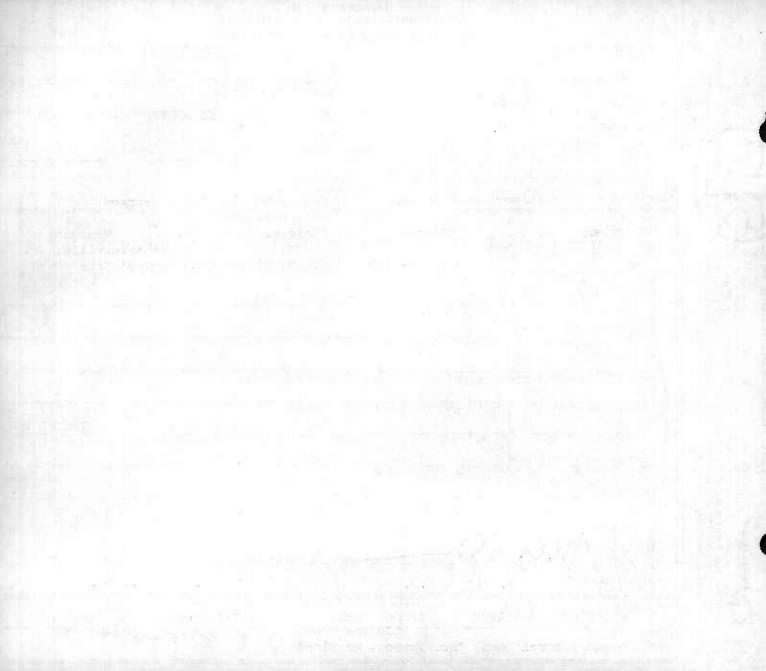
Leonard J. Ruck, Inc. Baltimore, Maryland

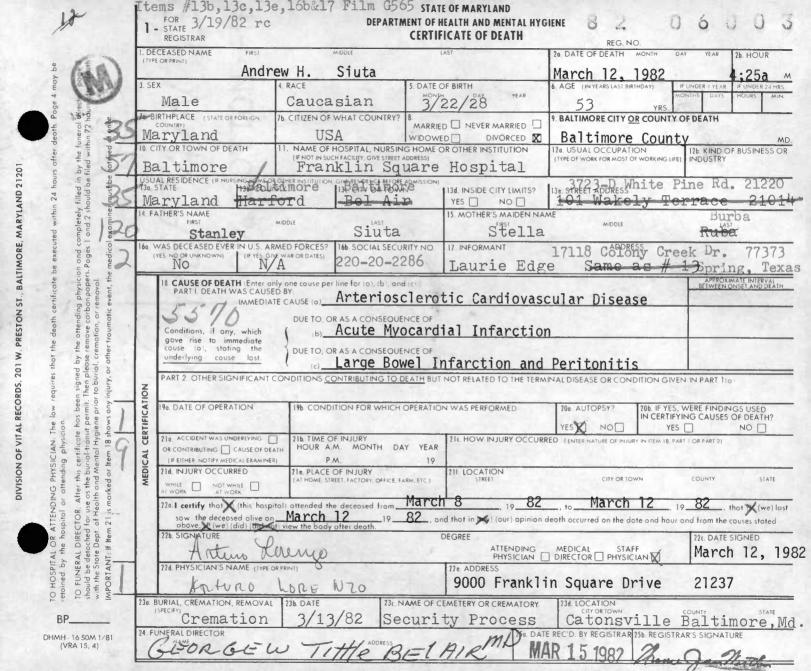
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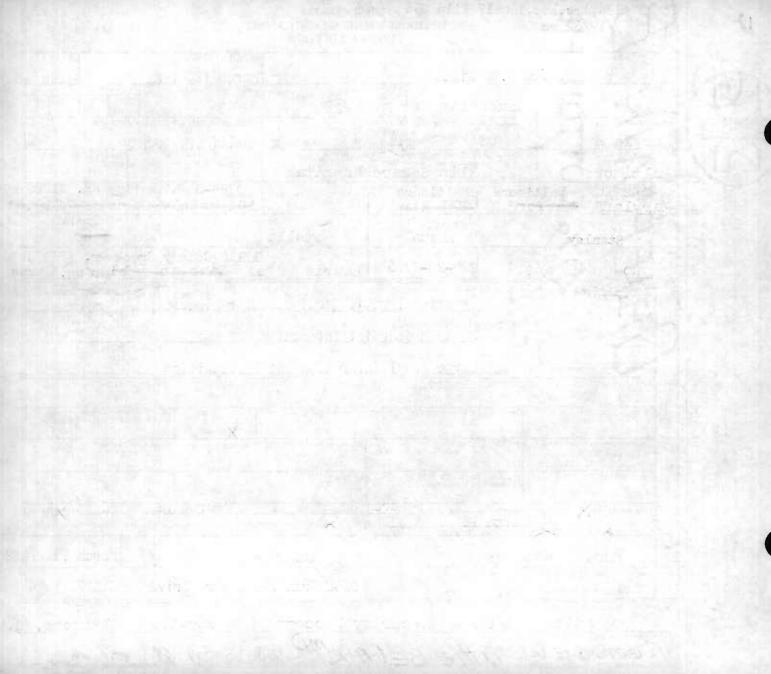
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| | 8 | 1- | FOR STATE REGISTRAR | | | DEPARTMENT C | FHEALT | MARYLAND H AND MENTAL I CERTIFICATE (| | L. REG | () () | 5 0 | Ú | 2 |
|--|---|-----------------------|---|-----------------------------------|---------------------------------------|---|------------|---|----------------------|-------------------------|----------------|---------------|----------------------------|----------------------|
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| | ET SS SE ET, | | 2 ON TAINTI | APRIL | P | ANN | S | ISSON | D | OF ESTI- | × 3 | 31, | 9 82 | M |
| | ARY, PLEASE HOURS FILES. | 3. SE) | | | DATE OF BIRTH | YEAR LAST BIR | HDAY) MON | NDER 1 YR. IF UNDER | | DATE NOUNCED DEAD | MONTH | | YEAR 9 82 | 12:50 |
| 6 | E S S S S S S S S S S S S S S S S S S S | 7a. B | RTHPLACE (STATE OR SEIGN CONTOUR K | | U.S.A. | | 8. MARE | RIED NEVER MARK | RIED 🛣 | altimore ci | | NTY OF DE | | |
| | EATH. IF ANY DELAY IS N ES 1, 2, AND 3 TO THE FU NA 3. RETAIN PAGE 5 NND 2 SHOULD BE FILED. F.VITAL RECORDS, 201 W | | TOWSON | 100 | 15 Line | PITAL, NURSING HO CILITY, GIVE STREET ADDRES ION TORRAC | ME, OR OT | | 12a. USUAL | CEPETION OCCUPATION | (TYPE OF WOR | 112b KINE | O OF BUS NOUSTR W Ca | rtons |
| 21201 | ANY DANY DE ANY | 13a. S Ma: | AL RESIDENCE (IF IN N TATE ryland | 13b. COUNTY Balti | imore | 13c. CITY OR TOWN | | 13d. INSIDE CITY LIMITS? YES NO S | 13e. STREET | address inden ! | Terrac | e | | |
| MD. | H. II. | 14. F/ | ATHER'S NAME | , | MIDDLE | LAST | | 15. MOTHER'S MAID | ENNAME | MIDDLE | | 1.4 | ST | |
| A. | PEATH. IF AGES 1, 2, RM PM 3. 1 AND 2 SI 1 OF WIAL | | Jonathan | | Α. | Sisson | | Shirlee | | M. | | Vaugh | | |
| BALTIMORE, MD. | E S S S S | 16a. V (Y | VAS DECEASED EVER ES. NO. OR UNKNOWN) NO | (IF YES, GIVE WA | D FORCES? R OR DATES) | 16b. SOCIAL SECU 064-40-87 | | Dale S. S: | isson 6 | | Manic cimel | | e, V | a. |
| ON ST., B | | | 18. CAUSE OF DEA PART I DEATH V | | CAUSE (OGUNS | for (0), (b), and (c).) shot wound AS A CONSEQUENCE | | odomen (har | ndgun) | | | BETWE | ROXIMATE I EN ONSET | NTERVAL AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | UID BE EXECUTED WITHIN 24 HOUS "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALCONG W ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | | Conditions, if gave rise to couse (a) statin lying couse lost | immediate g the <u>under</u> - | (b) DUE TO, OR | AS A CONSEQUENC | E OF | SE OR CONDITION GIVEN IN PA | ART 1 (a), | | | | | |
| AL RECO | OULD BE E O"PENDIN IEF MEDIC SED AS A F HEALTH (AL, CREW | MEDICAL CERTIFICATION | 19a. DATE OF OPER | ATION | 19b. CONDIT | ION FOR WHICH OF | PERATION V | VAS PERFORMED? | | | | 20 AU | TOPSY? | ٧ |
| V _T | T SECRET | RTIF | OL EMPERALL CAL | ice with a | | | | | | | | | s X | NO 🗆 |
| ONO | THE WASTAMEN | CALCE | 210. EXTERNAL CALL UNDERLYING CONTRIBUTING | | 21b. TIME OF HOUR A.M ATH ? P.M | MONTH DAY YE | AR | ow MJURY OCCURRI elf-inflict | | RE OF INJURY IN ITE | M 18 PART 1 OR | PART 2) | | |
| DIVIS | THIS CERTIFICATE SHOULD ALE, WRITING THE WORD "PER CHIEF M REPORTS 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD A LD, 21201 PRIOR TO BURIAL, C | MEDI | 21d. INJURY OCCUR WHILE NOT AT WORK AT V | WHILE VORK | 21e. PLACE C STREET, FACT home | ORY, FARM, ETC.) | 15 | STREET Linden Ter | race, | Towson, | Balt | ounty More | , | Md. |
| • | TO MEDICAL EXAMINES. TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | | 22a. I certify that death resulted from | | | cribed abave, held or Accident , | Suicide X | , Homicide | Undetermi | nquiry , | ond in my | | | |
| | EDICAL UTE THE 4 SHO JNERAL S DEATH MORE, | - | SIGNATURE | Ann | M. Dixo | on M.D. | * | Assistar 111 | 1† medical Penn S | | SIGN | VED 4 | -1-82 2120 | |
| 00 | PAGE TO FI | 23a. B | (TYPE OR PRINT) URIAL, CREMATION, | REMOVAL TOSK | DATE | 23c. NAME OF | | OR CREMATORY | | imore | cc | ounty | STA | IE . |
| 00 | BP | | Cremati | on 4- | -5-1982 | Loudo | n Par | k | Balt | imore | . 0 | Many | land | |
| | DHMH - 17 (VR A15 ME (5)) 15M 2/80 | | UNERAL DIRECTOR | Funeral | L Homê, | Inc. Towso | n, Ma | k ROad 150 DATE | REC'D. BY BE | 82 AR ZONE | ESISTA | Sept. The | agesti. | |







.S. Zeiler & Son Inc. 901 S. Onkling Street

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 HRS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR IA (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 18111.4 03 78 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A Baltimore County Maryland DIVORCED ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Housewife ST OF WORKING LIFE! INDUSTRY Ruxton Parkton, Md. 21120 30 STATE 18007 York Road 113h COUNTY 13E CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland Parkton NO A 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Lillie Fuller Rizdon Mitchell ADDRESS Balt., Md. 21239 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-14-8393 Norman R. Mitchell 6920 Donachie Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far a), 4b fond (PART I. DEATH WAS CAUSED BY eruma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES F NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC) STREET NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATESIGNED

MPORT 230 BURIAL, CREMATION, REMOVAL Burial

(VRA 15, 4)

8

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Mar 18 1982 Moreland Memorial

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Marylan

22d PHYSICIAN'S NAME

Leonard J. Ruck, Inc. Baltimore, Maryland

Baltimore

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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| | | REG. N | 10. | | | | | | |
| DA | TE OF E | DEATH | MONTH | DAY | YEAR | 21 | HOUR | | • |
| Me | noh | 12 | 100 | 22 | | | | | |

| 2 | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG | . NO. | | |
|----|---------------|--|-----------------|-----------------------------|--------------------------------------|---------------|------------------------------|------------------------|---------------------|-----------------------|----------------------------------|
| | | CEASED NAME | FIRST | E-1371 | MIDDLE | 1 | AS1 | 20 DATE OF DEATH | MONTH E | DAY YEAR | 26 HOUR |
| | 1107 | COR PRINT) | George | | E. | | Snyder | March 13 | 2, 1982 | | M |
| | 3. SE | Х | - 4 | RACE | | 5. DATE O | | 6 AGE (IN YEARS LAS | | IF UNDER I YEAR | |
| | | Male | | White | | Oct | Oct. 18, 1904 | | YRS. | MONTHS DAYS | HOURS MIN, |
| | | IRTHPLACE (STATE O | R FOREIGN 7 | 76 CITIZEN OF WHAT COUNTRY? | | 8 AAA DDIE | D NEVER MARRIED | 9. BALTIMORE CIT | Y OR COUNTY | OF DEATH | |
| 5 | | Maryland | | U. | S.A. | WIDOWE | | Baltin | nore Cou | unty | MD. |
| | 10. C | ITY OR TOWN OF D | ATH 1 | | | | OR OTHER INSTITUTION | 128 USUAL OCCUP | ATION | 12b. KIND C | OF BUSINESS OR |
| 10 | Pikesville | | | Pike | Pikesville Nursing Center | | | | rker | INDUSTRY | |
| | USU/ 13a S | AL RESIDENCE (IF NU STATE | RSING HOME OR C | THER INSTITUTION | GIVE RESIDENCE BEFOR | | 1 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRES | Balt | , Md. | 21206 |
| 27 | | aryland | | | Baltimo | | YES NO | 4109 E | chodale | | |
| | 14. FA | ATHER'S NAME | M | IDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME MIDDL | | | |
| DC | | Horatio | | | Snyder | | Gussie | MIDDL | | Down | |
| 7 | 16a. V | VAS DECEASED EVE | | ED FORCES? | 166 SOCIAL SECU | RITY NO. | | STITLE ! | DRESS BE | ilt., N | d. 21214 |
| ok | | NO OR UNKNOWN) | • (11 123, 0112 | VVAR OR DATES | 218-07-3 | 425 | Patricia S. | Aubele 27 | 727 Loui | se Ave | nue |
| | | 18 CAUSE OF DEA | TH (Enter only | one couse per | line for (a), (b), an | 10 | <i>(</i> : | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | PART I. DEATH | IMMEDIATE | | Lune | aure | er (Meta | · tabic |) | SN | ronth. |
| | | 1629 | | DUE TO. O | R AS A CONSEQUE | ENCE OF | | | | | |
| | | Conditions, if on | | (b)_ | | | | | | | |
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| | | underlying cous | e lost. | ((c) | | | | | | | |
| | z | PART 2. OTHER SIC | ENIFICANT CO | NDITIONS CO | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | ONDITION GIVE | N IN PART 1 | 0' |
| | CERTIFICATION | | | | | | | | | | |
| 9 | FICA | 19a. DATE OF OPER | AHON | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY | , WERE FINDING CAUSES | OF DEATH? |
| 4 | RTI | 21g. ACCIDENT WAS U | IDEBUUR | 23) 7145 0 | - | | | YES NO | | | NO 🗌 |
| 0 | | OR CONTRIBUTING | | HOUR A. | M. MONTH D | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF I | NJURY IN ITEM 18 PA | RT OR PART 2} | |
| 7 | MEDICAL | (IF EITHER NOTIFY MED | | P./ | | 19 | | | | | |
| | MED | WHILE NOT W | | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, F | ARM ETC) | 21f. LOCATION STREET | CITY OF | NOWN | COUNTY | STATE |
| | | | ORK | | | | | | | | |
| | | 22a. I certify that (| | | 100 | 82 | 19 5 | 10 3-12 | , 1 | 9 5 3, | that (we) last |
| | | sow the deceo obove (1) we) | (did) (did not) | view the body | ofter death. | | d that in (my) (our) opinion | death occurred on the | date and hour | | |
| | | The state of the s | | 11 | 2 | 0 | DEGREE | MEDICAL S | TAFF | 22c. DATE | SIGNED |
| | | 22d. PHYSICIAN'S N | AAAE Yruns on | 911 | 2561 | | 122e ADDRESS | PIRECTOR PHY | SICIAN | 3' | 17-25 |
| | | | larold | , | M.D. | | | Unto A. | | D- 34 | 3/63 |
| 1 | 12- 0 | | | | | 11115 05 0 | | Hgts. Ave | nue | Balt., | MG . |
| | 230 B | BURIAL, CREMATION | , REMOVAL | 23b. DATE | 23c. N | NAME OF C | EMETERY OR CREMATORY | 123d LOCATION | | | |

Parkwood Cemetery

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

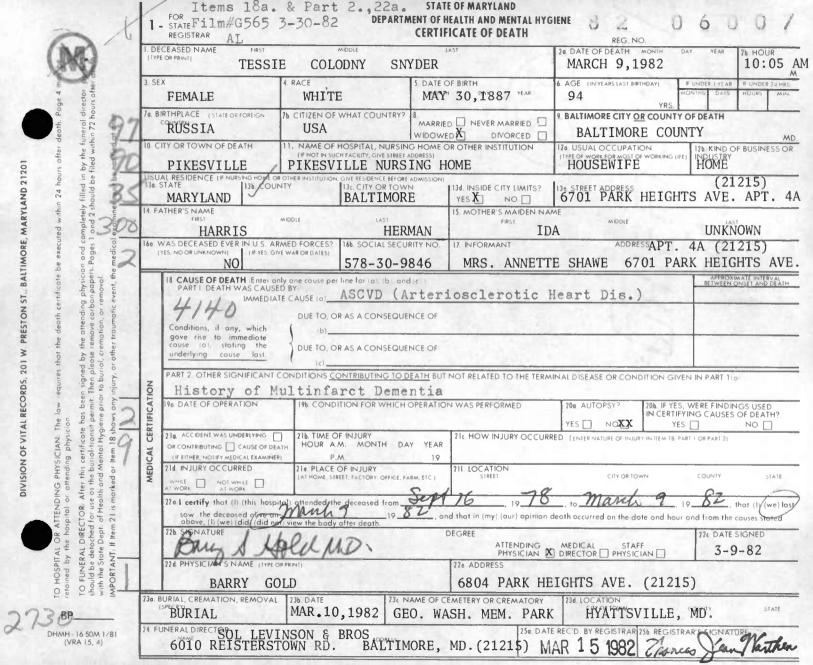
Baltimore, Maryland Leonard J. Ruck, Inc.

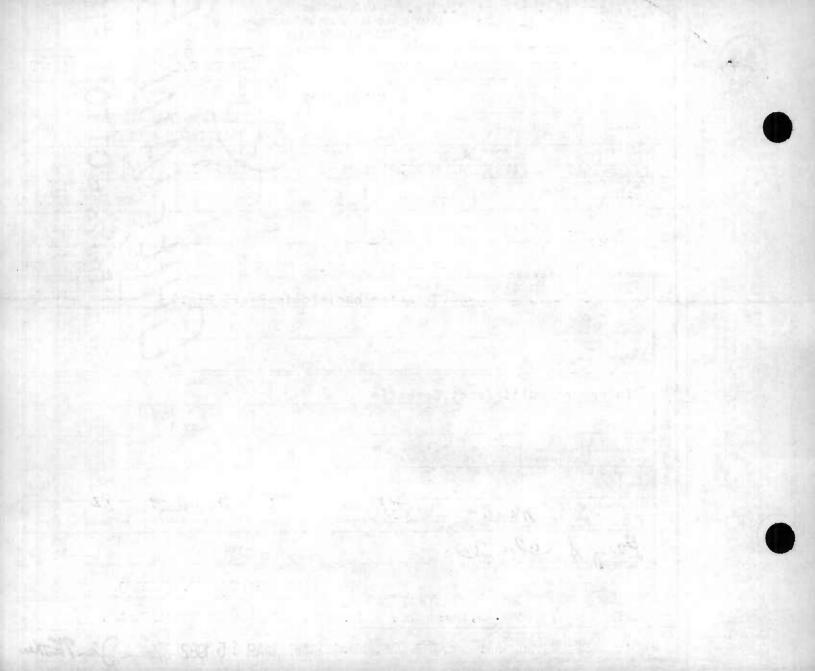
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Baltimore

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20 DATE OF DEATH

P.P.G. CO.

RAPP

12b. KIND OF BUSINESS OR

3061 STRICKLAND STREET, 21223

237 BLAKENEY RD. 21228

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ym.

COUNTY

NO [

(our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED 7-7-12

DIRECTOR PHYSICIAN

COUNTY

MARYLAND

24 FUNERAL DIRECTOR

FOR

REGISTRAR

. DECEASED NAME

- STATE

TYPE OR PRINTI

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

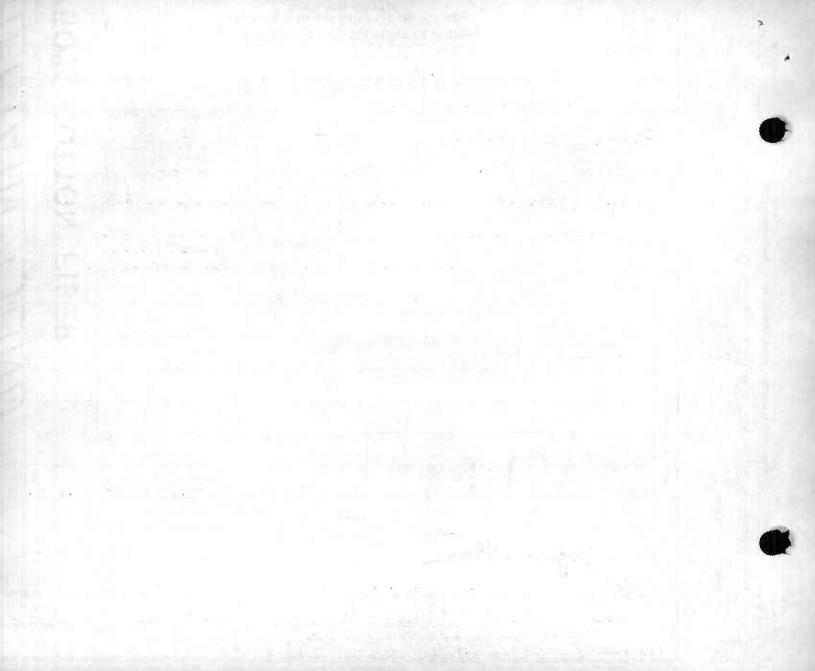
ANTO ENGINEER LANGE CONTROL STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-Clara В. DEATH MATED Squillaro 30 1982 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE 2d HOUR 7:07 PRONOUNCED May 6, 1927

7b. CITIZEN OF WHAT COUNTRY? DEAD White 54 YRS Female 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. Baltimore County, WIDOWED TO DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Randallstown Balto, County General Hospital House Wife ISUAL RESIDENCE OF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 131 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Sukesville Carroll. Maryland 2810 Kaywood Place 21784 YES [NOOTA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CAL EXAMINER ALONG WITH FORM PM BURIAL - TRANSIT PERMIT. PAGES I AND AND MENTAL HYGIENE, DINSION OF VI ATION, OR REMOVAL. Winston Bowlu Carter Bruce Mary 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Mr. Robert Bothellaro No 217-24-5665 9457 Greco Garth Columbia. MD. 21045 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Aspiration of food bolus IMMEDIATE CAUSE (a)..... DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES XX NO 🗌 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR subject choked CONTRIBUTING CAUSE OF DEATH 28 19 82 P.M. 218 PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK building Springfield State Hosp. Baltimore Co.. Autopsy X 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Accident X Undetermined manner death resulted fram: Natural causes Suicide Hamicide TITLE (SPECIFY) DATE 3-31-82 Assistant MEDICAL EXAMINER EXAMINER'S NAME III Penn Street Virginia L. Dolan. M.D. 23d LOCATION
CITYOR TOWN
Baltimore City 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 4-1-82 Balto. National Cem. 250. DATE REC'D, BY REGISTRAR 136. REGISTRAR'S SIGNATURE Burial BP 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. **DHMH-17** 8728 Liberty Road Randallstown, Maryland 21133 APR (VR A15 ME (5)

15M 2/80



the ottending physicion and completely filled in by the funeral c remove carbanpapers. Pages 1 and 2 should be filed within 72 hi

| | STATE OF MARY |
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| FOR | DEPARTMENT OF HEALTH AN |
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LAND D MENTAL HYGIENE

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|---|----------|---|---|---|---|---|
| | REG. NO. | | | | | |

| | 1. | - STATE REGISTRAR | | | | CERTIF | ICATE OF D | EATH | | REG. N | 10. | V | 0 0 | , , |
|--------------------|---------------|--|-----------------------------|--------------------------------|--|-----------------|----------------------|-------------------------------------|--------------------------------------|----------------|-------------------|------------|------------------------|--|
| | | CEASED NAME | FIRST | LINE | A. | The state of | CICH | | 20. DATE OF | DEATH | момтн 3 | 30 | 182 | 2ь HOUR 12:40A |
| | 3 SE | | 10001 | 4. RACE | A. | 5. DATE C | | | 6 AGE (IN YE | EARS LAST BIF | _ | | NDER I YEAR | IF UNDER 24 HRS |
| | FEMALE | | | Wh | ite | M9NTH | 09 164 | | 17 | | YRS | | MONTHS DAYS HOURS MIN. | |
| 35 | Maryland | | USA | USA WIDOWE | | NEVER MARRIED X | | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | MD. | | |
| 56 | | TOWSON | | GBMC- | HOSPITAL, NURSING FACILITY GIVE STREET | | | | 12a USUAL C (TYPE OF WORK Stud | FORMOST | | | 2b. KIND O NDUSTRY | F BUSINESS OR |
| 25 | 13a S | AL RESIDENCE (# NURS STATE 1d. | 13b. COUN Balte | ITY | Phoenix | /N | 13d. INSIDE CI | ио 💢 | | | Воз | Md x 28 | . 211 88A, | 31 Phoenix |
| 230 | Joseph A. | | | MIDDLE S | Stepcich 15 MOTHER'S MAIDEN NAM | | | | A. Gray | | | | | |
| e medicol | - (| vas deceased ever yes, no or unknown) No | | MED FORCES? E WAR OR DATES} | 16b. SOCIAL SECU 218-88- | | Mr. J | | A. Ste | addre pcic | | | | x, Md. Box 288 |
| or removor. | | 18 CAUSE OF DEATH W | AS CAUSE | D BY: E CAUSE (o) | RESPIRA | ATORY | | | | | | | 1 MM | MATE INTERVAL DISSET AND DEATH MEDIATE |
| other froum | | Conditions, if ony, gove rise to imm couse (0), stotin underlying couse | nediote g the | (b) | R TO REAL TO THE ALL T | | | | | | | | NOV | KS 1.,1980 |
| ows ony injury, or | CERTIFICATION | PART 2 OTHER SIGN | | 31.3 | DNTRIBUTING TO I | | | | INAL DISEASE 20a AUTO YES [] | | 20b. IF | YES, WI | ERE FINDIN | |
| d or Hem 18 sh | MEDICAL CER | 210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN CO | AUSE OF DEA | P 21e, PLACE | M. MONTH DA M. | 19 | 21f. LOCATIO | | RED (ENTER NAT | - | | IS PART I | OR PART 2} | STATE |
| 2) is morked | 2 | WHILE NOT WHAT WORK 220.1 certify that (1) sow the decease obove, (1) (we) (c | (this hospited of olive on. | ol) oyended th | e deceased from | 3-1 | 2 and that in (my) (| , 19 82 our) opinion o | to 3 | -30 | ote ond h | -, 19- | | that (I) (we) last |
| NNT: If them | | 22b. SIGNATURE | Ilm | 2,9 | tembre | -ay | | TENDING HYSICIAN [| MEDICAL DIRECTOR | STAI PHYSIC | | | 3 3 | O/EZ |
| MPORTANT | | JOHN R | | | G,M.D. | 1 | | | N. C | HARI | LES | ST. | | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation, After this certificate has been

236. DATE 4/2/82 Burial

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem.

Cockeysville, Md.

STATE

Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd.

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ottending physicion and completely filled in bottle ove carbon papers. Pages 1 and 2 should be filled in

event, the medical

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic

TO FUNERAL DIRECTOR. After this certificate has been

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | REG. NO. | | | | | |

| | | REGISTRAR | | | | | | | | | | |
|---------------------------|---|---|------------------|--|--|--------------------------|------------------------------|------------|-----------------|----------------------------------|--|--|
| | | CEASED NAME FIRST | | MIDDLE | | AST | REG. NO 20. DATE OF DEATH | HINOM | DAY YEAR | 2b. HOUR | | |
| | (IAME | RUTH | Lura | EVENSON | | | | 3/1 | 1/82 | 8:25PM | | |
| 2 | 3 SEX | | 4. RACE | LYLINSON | 5 DATE C | | 6. AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS | | |
| | F | emale | Wł | nite | 10 | | 77 | YRS | MONTHS DATS | HOURS MIN. | | |
| P | 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN | | | WHAT COUNTRY? | Y? 8. MARRIED NEVER MARRIED 9. BALTIMO | | | | Y OF DEATH | | | |
| Maryland | | | USA | | | | Baltimore Cou | | | CountyMD. | | |
| 10. CITY OR TOWN OF DEATH | | | | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | NC | 12b. KIND O | F BUSINESS OR | | |
| 1 | BA | LTIMORE | 6701 | N CHARL | | T GBMC | Homemak | | | | | |
| 1 | | L RESIDENCE (IF NURSING HOME OR | | 130. CITY OR TOW | | 113d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | 11. 1/4 | | |
| b | N | Ad. Balto | | Cockeys | | YES NO X | 100 Sherw | ood | Road, C | lle, Md. Cockevs- | | |
| 7 4 | 14. FA | THER'S NAME FIRST | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | LAS | ST. | | |
| 0 | | John | | aylor | | Phoebe | | | Coope | | | |
| | | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | | | |
| | | Vo - | | 217 01 3 | 915D | Mrs. Doris | K. William | s, 1 | 00 Sher | wood Rd. | | |
| | | 18 CAUSE OF DEATH (Enter on | ly one cause pe | | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| | PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Cardrae artes | | | | | | | | | | | |
| | | 4100 | 1 | 1.1 | | | | | | | | |
| | | Conditions, if any, which | (b)_ | m | 100 | rdal lutar | ction | | (h | we | | |
| | | gave rise to immediate cause (a), stating the | DUE TO, C | R AS A CONSEQUE | ICE OF | | | | | | | |
| | -81 | underlying cause last (c) | | | | | | | | | | |
| | z | PART 2. OTHER SIGNIFICANT (| CONDITIONS C | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | OTION G | WEN IN PART TO | a ' | | |
| _ | CERTIFICATION | 19a. DATE OF OPERATION | In CONE | TION FOR WHICH | COLDATIO | NAME OF DESCRIPTION | 20s AUTOPSY? | Tank IF VI | ES. WERE FINDIN | 100 11000 | | |
| 1 | FICA | 190. DATE OF OPERATION | 198 CONL | DITION FOR WHICH OPERATION WAS PERFORMED | | | | IN CERT | IFYING CAUSES | OF DEATH? | | |
| - | ERTI | 21a. ACCIDENT WAS UNDERLYING | 1 21b. TIME C | DE INTURY | | 21c HOW INJURY OCCUR | YES NO | | YES | NO 🗌 | | |
| 1 | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A | M. MONTH DA | YEAR | THE HOW INSONT OCCOR | LED LENIER NATURE OF INJUR | TINTEMIB | PARTIOR PARTZ) | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | | .M. | 19 | 211 LOCATION | | | | | | |
| | ME | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211l. LOCATION STREET | | | | | CITY OR TOWN COUNTY STATE | | | | | |
| | | 220 Leavise that (I) (this base) | tal) attended ti | na decorad from | | AR.11 82 | MAR 1 | | - 82 | 82 | | |
| | | saw the deceased alive an MAR 11 19 82 and that in (my) (our) appinion death accurred an the date and hour and from the causes stated | | | | | | | | | | |
| | | abave, (1) (we) (did) (did nat) view the body after death. 27b. SIGNATURE DEGREE | | | | | | | 22c. DATE | SIGNED | | |
| | | Tay & | f ford | di | dir ATTENDING PHYSICIAN I | | | F | 3/11 | 1/2 | | |
| - | | 22d. PHYSICIAN'S NAME (TYPE C | R PRINT) | | - | TTE ADDRESS | DIRECTOR PHYSIC | | | 1. | | |
| | | DR JAMES E | BIDDIS | ON | | GBMC | | | | | | |
| | 23a. B | URIAL, CREMATION, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | | | |
| | | SPECIFY) | V | D 02 D | 1 | . 37 - 11 C | CITY OR TOWN | :11 | COUNTY | -lond | | |

DHMH - 16 50M 1/B1 (VRA 15, 4)

Leamon Mitchell-Wiedefeld, 10 W. Padonia RMAR 1

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Items #23b-23d Film G565 3/9/82 restate of Maryland

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THE RESERVE TO DESCRIPTION OF STREET STREET, STORY OF STREET, STRE Me Talls Tearson I was Farman + me As and I state at the State of Johnson LANGUER LANGUER LANGUER The contract of the contract of the parties of the contract of

- STATE

REGISTRAR

DECEASED NAME

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

ONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN -30-82 Burial STATE 4-8-82 Hope Cemetery Hornell, New York 24 FUNERAL DIRECTOR 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

County

Kullaren

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Homemaker

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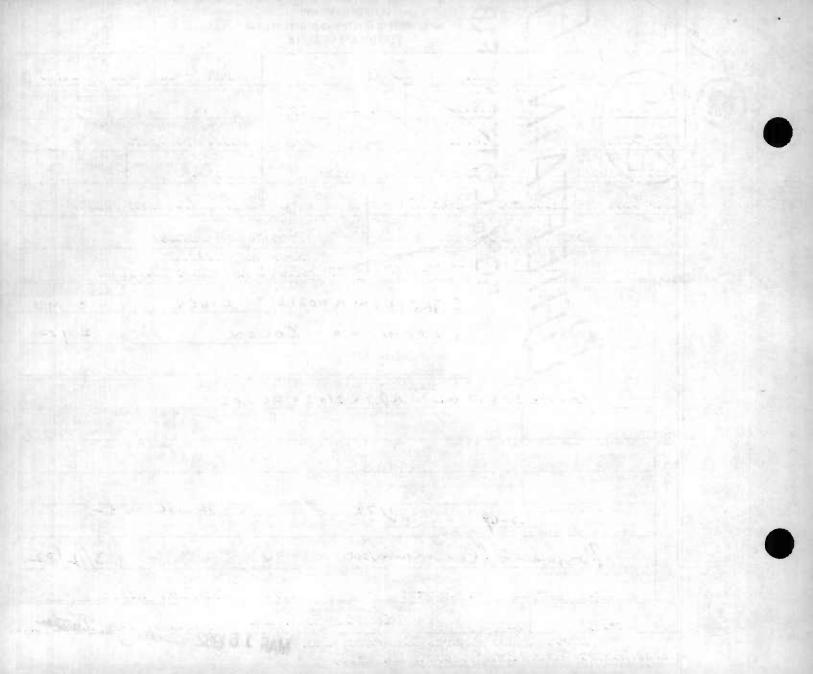
STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | 1. DEG | CEASED NAME | FIRST | | MIDDLE | | AST | | 20. DATE OF DEAT | | DAY YEAR | 2b. HOUR |
|---|---------------|--|---|-------------------------------------|---|----------------------------------|------------------|---------------------|--------------------------------|------------------|---|--|
| | | | Bessie | | R. | Subock | | | March | 11, | 1982 | 12:40 p |
| | | Female | | 4 RACE Wh: | ite | S. DATE C | DAY | 1903 | 6 AGE (IN YEARS LAS | | MONTHS DAY | |
| 5 | Mai | RTHPLACE (ST. | | 76. CITIZEN OF | WHAT COUNT $S.A.$ | RY? 8 MARRIEI WIDOWE | D NEVER / | MARRIED | 9 BALTIMORE CIT Baltimo | _ | | <i>M</i> |
| 0 | Ran | ndallsto | own | Old (| Court N | ursing | | TITUTION | 12a USUAL OCCUI | DST OF WORKIN | 126 KIND INDUSTR | OF BUSINESS O |
| 1 | 130 5 | AL RESIDENCE I | 13b CQUI Balt | other institution viy imore 1 | GIVE RESIDENCE BI 130. CITY OR T Pidale | efore admission) Own River | 13d INSIDE C | ITY LIMITS? | 3417 Dah | tia L | ane 212 | 320 |
| 5 | 14 FA | THER'S NAME | Joseph | MIDDLE Krick | kbaum | | 15 MOTHER | S MAIDEN NAM | MIDD | niels | | LAST |
| | | VAS DECEASED VES, NO OR UNKNOW NO | EVER IN U.S. AR | MED FORCES? | 166 SOCIAL S 213-03 | | | | Ruby Tima Lane Balt | | 21220 | |
| | | PART I. DEA /53 Conditions, if gove rise to couse (a), | IMMEDIA' | DUE TO, OI | CAR | QUENCE OF O | MAT | 2120 | - Live | | | DXIMATE INTERVAL NONSET AND DEATH 3 A1 U |
| 9 | CERTIFICATION | PART 2. OTHER | GEW | ERAGI | 2ED | | E210 | 5046 | NAL DISEASE OR C | 20b. IF IN CE | GIVEN IN PART YES, WERE FINE RTIFYING CAUS YES | DINGS USED |
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| | | Dr | . Nor | man I | R. Klei | | 22e ADDRES | 3803 | Edmon | dson | Avenue | |
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| | 87 | 28 Libe | rty Road | Byers E d Randa | uneral Ustown | Directon, MD. 2 | ors, In 21133 | C. MA | Sea o lass | AC ZSILIVE | ASIRARIS SIGN | ATURE |

DHMH - 16 50M 1/81 (VRA 15, 4)



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| | 1. | FOR | | DEPART | MENT OF H | EALTH AND MENTAL | HYGIEN | E 6 4 | | 6 | 1/ |
| | 1 | REGISTRAR | | | CERTIF | ICATE OF DEATH | | REG. N | 10 | | |
| 1 | | CEASED NAME FIRST | | MIDDLE | t. | AST | 20 | DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| 1 | (TYPE | William William | C | urtis | Su | lite SR. | | | 3-1- | -82 | 540 PM |
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| | _ | MAIE | Whit | | MONTH | 12 39 | | 42 | YRS. | VIHS DAYS | HOURS MIN. |
| 25 | | RTHPLACE STATE OF FOREIGN | | WHAT COUNTRY | ? 8 MARRIEI | NEVER MARRIED | | BALTIMORE CITY | _ | | |
| 00 | | TY OR TOWN OF DEATH | USA | | WIDOWE | D DIVORCED | X | Baltimor | | inty | MD. |
| 10 | | Balto. | Herit | HOSPITAL, NURSI THE FACILITY, GIVE STREE TOPE NO | T ADDRESS) | rother institution Genter | | USUAL OCCUPAT | | HOUS | BUSINESS OR |
| 35 | 130 S | AL RESIDENCE HE NURSING HOME OR STATE 136. COUN | ITY | AHTIE I | ARSH | 13d. INSIDE CITY LIMITS YES NO | | STREET ADDRESS | d Ave | | |
| - | 14. FA | THERS NAME | | | | 15. MOTHER'S MAIDEN | NAME | | | | |
| 50 | | WILLIAM | C. | SUÎTE | 3 | KATE | | WIDOFE | | YOUN | 1G |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SEC | | 17 INFORMANT | | ADDR | | | |
| - | | (IF YES, GIV | C WAR OR DATES! | 219-26- | -5054 | WILLIAM | C. | SUITE J | R. 139 | MOOI | ST. |
| | | 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE | ly one couse per | | | We the second | | | Control | BETWEEN | MATE INTERVAL |
| | - | | E CAUSE (o) | CAR | DIO RE | SPIRATO | RY | FAILL | IRE | 1 D, | AY |
| - | | 11/229 | DUE TO O | R AS A CONSEOL | IENCE OF | 14-1-5 | 19 | | | | 7 |
| 100 | | Conditions, if ony, which | ((b)_ | | _ | LUNG W | TITH | BRAIN | METAS- | mo | ONTHS |
| - | | gove rise to immediate couse (a), stating the |) | R AS A CONSEOL | IENICE OF | | 1.5 | | ASIC. | | |
| | | underlying cause lost. | (6) | R AS A CONSECU | DENCE OF | | | | - 3 | | |
| F | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE T | TERMINA | L DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| | O N | | | | | | | | | | |
| G | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDI | TION FOR WHICH | H OPERATION | WAS PERFORMED | 1 | 200 AUTOPSY? | 20b. IF YES, W | | |
| 1 | TIFE | | 8 9- | | | | | YES TO NOT | IN CERTIFYIN | | OF DEATH? |
| 0 | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME O | | | 21c HOW INJURY OCC | CURRED | (ENTER NATURE OF INJ. | IRY IN ITEM 18 PART | I OR PART 2) | |
| 7 | AL | OR CONTRIBUTING CAUSE OF DEA | | | DAY YEAR | | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE | | 19 | 211 LOCATION | | | | | |
| | WE | WHILE NOT WHILE AT WORK | (AT HOME, STR | EET FACTORY, OFFICE. | FARM, ETC.) | STREET | | CITY OR TO | DWN | COUNTY | STATE |
| | 81 | 22a. I certify that (I) (this hospi | tol) ottended the | e deceased from. | | . 19 | | . to | 19 | - t | hot (I) (we) lost |
| | 7.4 | saw the deceased alive on above, (1) (we) (did) (did no | Numar Name of the American | .19_ | , on | d that in (my) (our) opin | | | | | |
| | | 226 SIGNATURE | I) Wew the body | offer deom | 0 0 | DEGREE | | | | 22¢ DATES | IGNED / |
| | | 1000 | eves | was | () | ATTENDING PHYSICIAN | | AEDICAL STA | FF IAN D | 2/ | 1, 182 |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | | | 22e ADDRESS | | | /) | 1 3/ | 1/11 |
| 1 | | B. C. VENI | ERACIO | N JR | MO | 340, | | undal | KAV | e B | 1 HO YO |
| | 23a B | URIAL, CREMATION, REMOVAL | 236 DATE | 230 | NAME OF CE | METERY OR CREMATO | ORY | 23d. LOCATION | | 0.00 | MYY |
| | | BURIAL | 3/4/ | 82 0 | ARDE | S OF FATT | тн | BALTO | . B | ALTO. | MD |
| | 24 EL | INICEAL DIRECTION | | | | 100 | D + 75 D5 | C/0 011 05 0 15 15 1 1 | A | | |

DHMH - 16 50M 1/81 (VRA 15, 4)

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REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH Edward SURGUY March 24, 1982 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED DEVER MARRIED COUNTRY) Baltimore County DIVORCED [WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 130 STREET ADDRESS WHITE MARSKYES [NO P 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ABOVE UNIX 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse tost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (the beautiful) attended the deceased from 19 5/ sow the deceased alive on 12/5 above, (I) (we) (did) (did not) view the body after death. and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b J. Jay Platt 406 Eastern Blvd.. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

300

5. CONNELLI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22c DATE SIGNED

26 HOUR

7:45

17b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

brack

NO

STATE

STATE

YES

COUNTY

COUNTY

DAYS

DHMH - 16 50M 1/81

FOR

- STATE

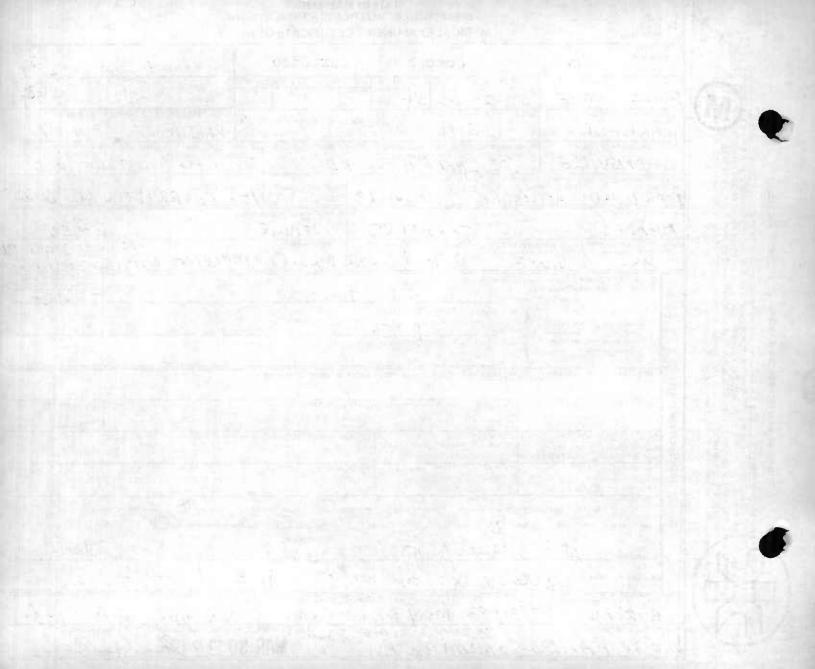
(VRA 15, 4)

SEEPLE FRANKING SE AND WHITE WATER HOUSE IN 16 136 FRAME IN THE MENDON - THE WAY INTHIN BIRMED I SAMPLE ROLES WHILE ENLISS HELD THE CONTRACTOR SECTION AND THE STREET SECTION AND COLD

| | | | | | | ARYLAND | | | | | - |
|--|----------------|---|----------------------------------|----------------------|---------------|---------------------|--------------------|------------------------|-------------------|------------------------------|-----------|
| 3 | FOR STATE | | DEPA | ARTMENT OF | HEALTH | AND MEN | TAL HYGIEN | VE) → | 0 0 | 0 1 | 7 |
| | REGISTA | RAR | MEDIC | AL EXAMIN | VER'S C | ERTIFICA | TE OF DE | ATH PEG | NO. | | |
| | 1. DECEASED | | MIDD | DLE | 1 | AST | | 20. DATE KNOWN | | DAY YEAR | 7h HOUR |
| 100 | (TYPE OR PRINT | 1) | | | | | | OF ESTI- | M | 1200 | 1044 |
| 20 8 8 8 E | | | ELMA C | | | ETLAND | | DEATH MATED | FIEr | 13 1962 | VOP W |
| 256 ME | 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN Y | | | UNDER 24 HRS. | 26. DATE PRONOUNCED | MONTH | DAY YEAR | 24 HOUS |
| (WEEK SEE | F | W | 5/31/01 | | YRS. | DATS NO | JONS MIN. | DEAD | Brok | 13/1082 | OPM |
| 一 | 70 BIRTHPLA | | 76. CITIZEN OF WHAT C | OUNTRY? | 8 | D NEVER | ALABBIED D | 9. BALTIMORE CIT | Y OR COUNT | Y OF DEATH | |
| THE THE STATE OF T | Indi | | USA | | WIDOWE | | IVORCED 🛛 | BALTIM | ORE COL | INTY | |
| Z = 4 0 3 | | OWN OF DEATH | II. NAME OF HOSPITAL | NURSING HOM | | | | UAL OCCUPATION | | | SINESS |
| ELAY IS O THE PAGE S, 201 | | | (IF NOT IN SUCH FACILITY, | GIVE STREET ADDRESS |) | | | MOST OF WORKING LIFE) | (c or work | OR INDUSTR | Y |
| | TOWS | | | EPH HOSP | | | H | omemake | r | Own Ho | me |
| ON AIR | 130. STATE | ENCE (IF IN NURSING HOME | OR OTHER INSTITUTION, GIVE RESID | CITY OR TOWN | | 134. INSIDE CITY LI | IMITS? 130. STE | REET ADDRESS | | | |
| Section 212 | Mary | | | Baltimo | | | | 25 York | Road | | |
| | 14. FATHER'S | NAME | | | | 15 MOTHER'S | MAIDEN NAMI | | | | |
| H ASSES | FIRST | 2 | MIDDLE | Vinkle | | FIRST | | MIDDLE | 0 | LAST | |
| S S S S S S S S S S S S S S S S S S S | 16n WAS DEC | EASED EVER IN U.S. AI | | SOCIAL SECURI | TY NO | 17. INFORMAN | NT. | ADDR | Cor | ey | · · · · · |
| SALTIMORI IRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES 1 AP DIVISION OF | (YES, NO, OR | | E WAR OR DATES) | | | | | | | | |
| S AN GIV | No | | 2: | 17 48 49 | | Euger | | Sweetland | d, Bal | | |
| | 18 CA | USE OF DEATH (Enter of RT I DEATH WAS CAUS | nly ane cause per line for |), (b), and (c). A | CUTE M | YOCARD. | IAL INF | ARCTION | ~ | APPROXIMATE BETWEEN ONSET | AND DEATH |
| ON ST 24 HO TEM 1 ONG PERMI SIENE, VAL. | PAI | | ATE CAUSE (a) | cul | e/1 | 1400 | 2/d12 | Jante | 1 | 7.Du | 1 |
| 0 4=7-05 | 4 | 100 | DUE TO, OR ASA | CONSEQUENCE | OFGENE | RALIZE | D ASCVD | 1 | | 526 | , |
| 201 W. PRESTON: JTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALONG IAL - TRANSIT PERP OMENTAL HYGIEN DN, OR REMOVAL | | inditions, if any, which | | 10 m | 011 | 10-1 | d D | 5/4/ | 7 | 5-4 | us |
| W.I.W. | | ive rise to immediat use (a) stating the under | | CONSEQUENCE | 05 | The | 0 // | | <u> </u> | - | |
| 201 W UTED V IN PEN EXAMIN EXAMIN EXAMIN ON, OF | | ng cause last. | DOE 10, OR AS A | COMPERIOR | Or | 0 | | | | | |
| KEST W. PREST KECUTED WITHIN NG". IN PENCIL IN TAL EXAMINER A BURIAL - TRANDAL - TRAND | | | (c) | | | | | | | | |
| TTAL RECORDS, 201 V SHOULD BE EXECUTED SRD "PENDING" IN PR CHIEF MEDICAL EXAM CHEALTH AND MEI DRIAL, CREMATION, C | | OTHER SIGNIFICANT CONDITION | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TER | MINAL DISEASE | DR CONDITION GIV | VEN IN PART 1 (a). | | | | |
| SE AS SE | ō | | | 4 | | | | | | | |
| LE HE | 0 | TE OF OPERATION | 196 CONDITION | EOR WHICH OPE | RATION W | S PERFORME | P? | 1/1 | | 20 AUTOROL | nely |
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| DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RIDED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF H OF PRIOR TO BURIAL | 2 la. EX | TERNAL CAUSE WAS | 216. TIME OF INJU | | 21c. HO | W INJURY OC | CURRED (ENTER | NATURE INJURY IN ITEA | A 18 PART 1 OR PA | RT 2) | 7.0 |
| 5 SHEPER 4 | | RLYING OR | HOUR A.M. MO | NTH DAY YEA | J.R. | E | ,00 | 1 11 . | | Ha . | |
| SHO SHOOM | CONIE | RIBUTING AUSE OF | DEATH P.M | WELZL 19 8 | 211. LOC | ATION | uy. | | v/ | TT LIC | _ |
| DIVISI IIS CERT VRITING VRDED GE 3 SP TE DEP | L L | | STREET, FACTOY, F | M, ETC.) | Z11. 100 | REET | 9/ 1 | CITY OR TOWN | CO | YTAU | STAR |
| - SECTOF6 | AT WO | ORK NOT WHILE | M | eme | _ 6 | 111 | Yorka. | 6 80/1 | more | dotu 1 | 110 |
| | | | ge of the remains described | d abave held an | Autaps | v 10 | spection L | Inquiry . | and in my ap | 121 | 12/2 |
| EXAMINER: CERTIFICATE ULD BE FOR L. WITH THE MARYLAND | | | | | | | | | | man | |
| WHE SEE | death | resulted fram: Nat | ural causes Activ | dent L. S | uicide 🔲, | 1 Hamicide | Unde | termined manner | | , | , |
| W. PERSON | ACTUA | 101 | 1. | | 0/1/ | TILE (SPIC | (IFY) | | DATE | 11/11 | 0 |
| ¥ = 5 \$ = # · · · | SIGNA | TURELLA | us I Or | ven | MI | D. CRP | UT MED | DICAL EXAMINER | SIGNE | 04/11 | 12 |
| A PER S | EYAMI | NER'S NAME | | | | , | | | | | |
| TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC | (TYPE C | OR PRINT) CHAF | LES O'DONNEL | L | | DDRESS_7 | 501 You | ck Road, | Balto | . Md. | |
| OX 4 OF 4 | 230. BURIAL, C | REMATION, REMOVAL | 23b. DATE | 23c. NAME OF CE | EMETERY OF | CREMATORY | 23d. L | OCATION OR TOWN | COU | NTY ST | ATE |
| BP | (SPECIFY) | rial | 4/3/82 | Morela | | | City | 2014- | COU | | MIE. |
| 27/ 2 pr | 24. FUNERAL | D. 10.000.00 | | | | 0.0 | DATE REC'D. B | | EGISTRAR'S S | Md . | |
| 2 160 DHMH-17 | 100F | Hen Par | ry W. Aballenk | | | A1 | DD O | 1000 | 0. | W. | |
| (VR A15 ME (5)) | 4905 | York Ro | ad Balto., | IVIa. 2 | 1212 | IAI | PR 21 | SOC CIASING | so la | 1 KUNOW | |

The whole all - spe fymryl Transfer and the second of the Money From many make a wind the and the state of the second second THE RESIDENCE THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) Taraddeo John Joseph DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 20. DATE MONTH LAST BIRTHDAY) PRONOUNCED 25 DEAD To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY ' 13d INSIDE CITY LIMITS? 113e STREET ADDRESS ATONSVILLE CHERRYDELL OFWIAL 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 17. INFORMANT ADDRESS 1702 (160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) MRS. CARMELENA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Canditions, if ony, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES . NO T CERT 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL I AFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 2/238 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S **DHMH - 17** (VR A15 ME (5)) 15M 7/77



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| . 3 | | | 1 | 24 | 43 | ٦, |
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| - STATE REGISTRAR | | | J. A. | CERTII | FICATE OF DEATH | REG. NO. | 0 | pro Em |
|---|---------------|---|---|-------------|-------------------------------|--|-------------------|---------------------------------|
| I. DECEASED NAME | FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH MONTH | YEAR | 2b HOUR |
| (Lee) | Leland | D D | • | Tay1 | lor | March 30, 1982 | | M |
| 3 SEX | | 4 RACE | | | OF BIRTH | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| Male | | Whit | e | MONT 2 | H / 16/01 YEAR | 81 YRS. | MONTHS DAYS | HOURS MIN. |
| To BIRTHPLACE (STATE C | OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH | |
| | 1237 | USA | | WIDOW | ED DIVORCED | Baltimore Coun | ty | MD. |
| 10. CITY OR TOWN OF D | EATH | 11. NAME OF | HOSPITAL, NURSING PACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (LYPE OF WORK FOR MOST OF WORKING LIFE | | OF BUSINESS OR |
| Towson | | | labama Ro | | | Ret. Wholesale | Produce | ¿ Co. |
| USUAL RESIDENCE (IF NO 130. STATE Maryland | 13b COU | | 136. CITY OR TOW Towson | | 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS 407 Alabama Ros | ad | |
| 14. FATHER'S NAME | | | | | 15 MOTHER'S MAIDEN NA | | - | |
| John | D. | WIDDLE | Taylor | | Bertha | MIDDLE Cric | dler 'AS | ST |
| 160. WAS DECEASED EVE | | | 166 SOCIAL SECU | | 17 INFORMANT | ADDRESS | | |
| (YE'NO OR UNKNOWN) | (IF YES, GI | VE WAR OR DATES) | 217-05-3 | 477A. | Mrs. Mae B. | Taylor same | | |
| 18 CAUSE OF DEA PART 1. DEATH | WAS CAUSE | nly ane cause per ED BY: TE CAUSE (a) | Inefar (a), (b), and | | | | APPROX BETWEEN | ONSET AND DEATH |
| 1850 | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | |
| Conditions, if or gove rise to it | | (b) | METAST | MIC | CAOFP | ROSTATE | 5 | YRS |
| cause (a), sto | ting the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | 100 | |
| | | (c) | | | | | | |
| PART 2 OTHER SIG | GNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVE | N IN PART 1 | 0, |
| V I90 DATE OF OPER | ATION | TION COND | ITION FOR WHICH | OBERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. IF YES | , WERE FINDI | Nos visto |
| NO DATE OF OPER | A(1011 | 174 COND | THORTOK WINCH | OFERANC | WAS FERFORMED | IN CERTIFY | YING CAUSES | S OF DEATH? |
| 210. ACCIDENT WAS U | NDERLYING [| 216 TIME O | | | 21c HOW INJURY OCCUR | YES NO YES | ART I OR PART 21 | NO 🗌 |
| | 4 | 1111 | M. MONTH DA | AY YEAR | | | | |
| OR CONTRIBUTING L | | 21e PLACE | OF INJURY | | 211 LOCATION | | | |
| | WHILE O | (AT HOME, STE | REET, FACTORY, OFFICE, F. | ARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| 220.1 certify that (| | 2/- | | | 14 , 19 59 | , to 3/30 1 | 982 | that (1) (we) lost |
| sow the deced above, (I) (we) | ised alive an | t) view the body | after death. | 2 a | nd that in (my) (aux) opinion | death accurred on the date and haur | and Irom the | couses stated |
| 22b. SIGNATURE | 1 70 | 8/ | 21 2.0 | | DEGREE | MEDICAL STAFF | 221 DATE | SIGNED |
| 22d. PHYSICIAN'S | NAME ITABE | PRINTI | 1: 1 W | | PHYSICIAN 1 | DIRECTOR PHYSICIAN | 13/1 | 11/82 |
| | | | 1. 1/ 1 | | and the second second | 1 | 36 | 1 2120/ |
| 23a. BURIAL, CREMATION | | | le, M.D. | IAME OF C | | sylvania Ave. Tows | son, Mo | 1. 21204 |
| (SPECICremati | on | Mar.30 | ,1982 Lo | udon | Park Park | 23d LOCATION CITY OR TOWN | COUNTY | STATE |

DHMH-16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shaws any

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Baltimore Md. APR 1982 Saces January Kathen

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| | Last Total Val. | Month Dro, Inc. | |
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mpletely filled in any ond 2 should be file

TO FUNERAL DIRECTOR: After this certificate has been signed by

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

| 7/ | 1 | FOR STATE REGISTRAR | DEPART | TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH | | 00020 |
|---|---------------|--|---|---|--|--|
| 1 | | CEASED NAME FIRST Mar | rie S. TAYL | OR LAST | March 9, | 22 |
| (M | 1.58 | 5 | 1 RACE | 5 DATE OF BIRTH | 88 | MONTHS DATS HOURS MIN. |
| 13 E | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIE | Baltimore | County |
| of Option | R | ITY OR TOWN OF DEATH OSSVILLE AL RESIDENCE (IF NURSING HOME OR | FRANKLIN | 59 | 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | |
| should be seen of standard be seen of | 13a | STATE 136 COUN | | WN 113d INSIDE CITY LIM | 13737 CI | HESTNUT RD. |
| 30 | | | MIDDLE WILE | T BARB. | MIDDLE | ILEX LAST |
| rs. Poges | (| | MED FORCES? 166 SOCIAL SECTION (1997) | K ROSEMA | | ABOVE |
| nen please remove carbons la burrol, cremation, ar rem jury, ar ather traumatic eve | NOI | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO | CY- Colonlay | E TERMINAL DISEASE OR CONDITI | on GIVEN IN PART 110 |
| iene prior | FICAT | 19a date of operation | 196 CONDITION FOR WHICH | H OPERATION WAS PERFORMED | 20a AUTOPSY? 20 | IB. IF YES, WERE FINDINGS USED **CERTIFYING CAUSES OF DEATH?** YES NO NO |
| Mentol Hyg | MEDICAL CERTI | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | TH HOUR A.M. MONTH D | DAY YEAR 19 211 LOCATION | CCURRED (ENTER NATURE OF INJURY IN | ITEM 18 PART I ORPART 2) |
| os me | ME | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY, OFFICE, | | CITY OR TOWN | COUNTY STATE |
| te Dept. of Hec | , | sow the deceased vive on above, it is a large field and | who ottended the discussed from 19 | DEGREE | inion death occurred on the date of the land of the la | nd hour and from the causes stated |
| with the Stat | | | emenoff, MD/ | 2000 | Jones Id a | ButoM ZIZZ |
| | | BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | 13/ / | ACRED HEAR | 17 BALT | |
| OM 1/81 5, 4) | - | UNERAL DIRECTOR NAME G. CONNELL | 7 300 | | MAR 161982 | neas Jan Hather |

THE AMERICAN STATES OF THE STA SAN TITAL CAN THE STATE OF STA X 1904 MAN THEN SOLVEN Street Land Land Land CHILDREN STORES TO AN ASSESSMENT OF THE SHORES I D. CHELLELL SEE THE ME SEE MAR I BITTER

Charles W. Burrier, Jr., Sykesville, Md.

FOR

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

6

YES [

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAK & O 1988

COUNTY

22c DATE SIGNED

126 KIND OF BUSINESS OR

Snyder

NOF

STATE

20 DATE OF DEATH

AND THE THE THEN PROMITE IS SEEN SOS First A. Zumer would be could find the same of the same o reflect to the second second to the second second Compared to the second of the Andrew Control of the In the same was well in the afficient to the reference of the same MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

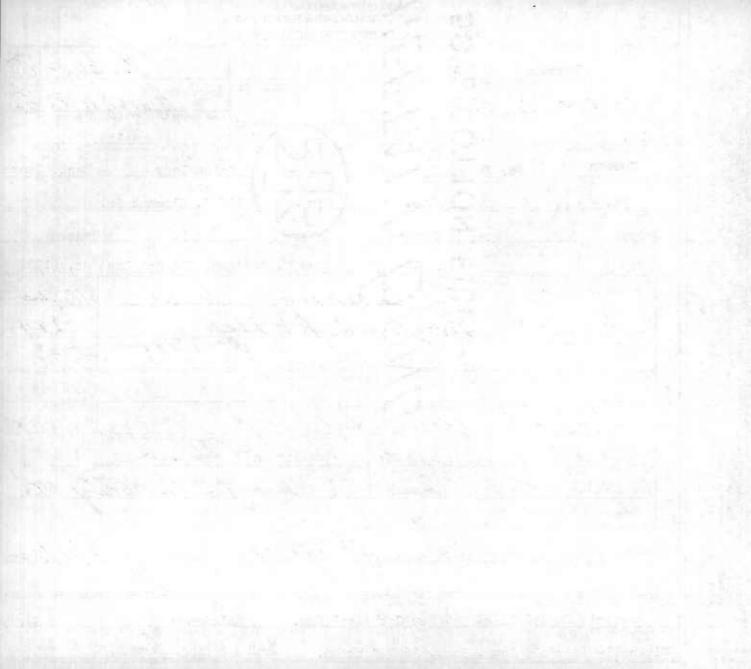
| REGISTRAI | 2 | | CERTIF | ICATE OF DEATH | REG. | NO. | | |
|--|--|--|-------------------------------------|---|----------------------------------|----------------------|---|------------------------------|
| I. DECEASED NA/ | WILLIAM | P. | THO | RNTON | MARCH 12, | | DAY YEAR | 26 HOUR 11:15 |
| 3 SEX male | 4 | white | S. DATE C | | 6. AGE (INYEARS LAST E | | MONTHS DAYS | # UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE COUNTRY) Maryland 10 CITY OR TOWN | V OF DEATH 1 | (IF NOT IN SUCH FACILITY, G | MARRIE WIDOWE NURSING HOME C | D NEVER MARRIED TO DIVORCED DO OTHER INSTITUTION | | OR COUNTY ORE COL | UNTY | MI F BUSINESS OR |
| TOWS USUAL RESIDENCE 130 STATE Maryland 14. FATHER'S NAM FIRST. | E (IF NURSING HOME OR O 136 COUNT Baltin | nore Arbu | CE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? YES NO ZX | 13e. STREET ADDRESS 5640 Carv | | Railro Ave. 21 | 227 |
| Harry (160 WAS DECEAS (YES, NO OR UNK) | | 2 | AL SECURITY NO. | Louise Stra 17 INFORMANT Thelma Thor | ahler | RESS | LAS | |
| gove rise cause to underlying | | DUE TO, OR AS A CO | HI QUENCE OF | Render Lord To THE TER | ASCUA RMINAL DISEASE OR CO | NDITION GIV | 57 57 EN IN PART 14 | The |
| RTIFIC | OPERATION | 19b. CONDITION FOR | WHICH OPERATIO | | 20a AUTOPSY? YES NO | IN CERTIF | YING CAUSES S | NGS USED OF DEATH? |
| OR CONTRIBUTE OR CONTRIBUTE (IF EITHER N 21d INJURY WHILE AT WORK 220.1 certify sow th obave. 224 SKGMA | e deceased alive an() (did not) | P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY 1) attended the deceased view the body offer death | OFFICE, FARM, ETC.) Tran 19 , an | 21f LOCATION STREET . 19 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | CITY OR 1 | own date and haur | HDAY) IF UNDER 1 YEAR MONTHS DAYS R COUNTY RE COUNTY IF WORKING LIFE) WORKING LIFE) ITAL KIND OF INDUSTRY RAILTO LEAST AVEL APPROXIMA BETYMEN MA | 11 |
| 230 BURIAL, CREA | AATION, REMOVAL | 3/15/82 | | Park Cemeter | 23d. LOCATION | | COUNTY | laryland |

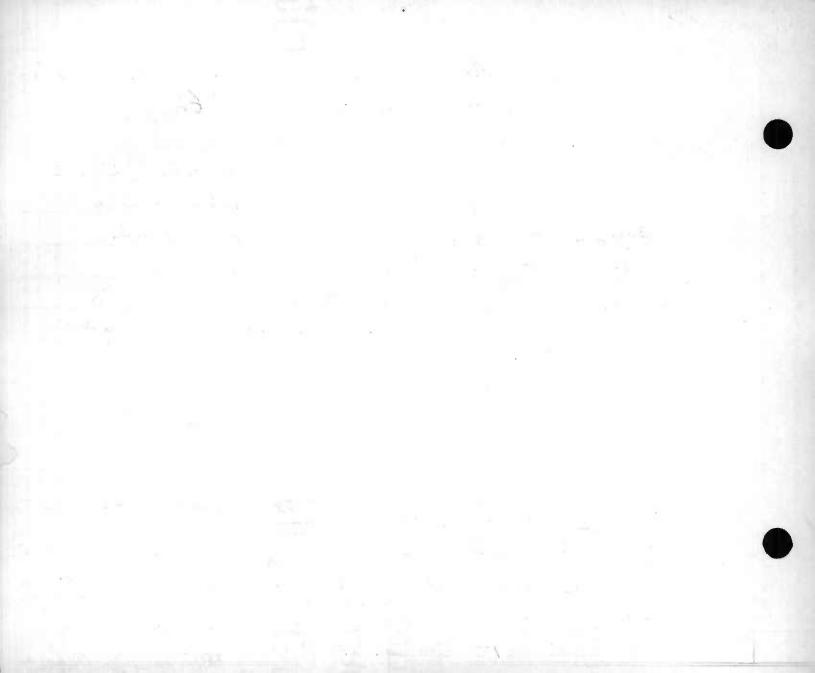
DHMH - 16 50M 1/B1 (VRA 15, 4)

Ambrose Funeral Home 1328 ulphur Sp. Rd.

THE HEALTH WELLIGG THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-OF Florence Thuman DEATH MATED 4 RACE SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 31 1890 92 DEAD Female White In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md. USA DIVORCED WIDOWED Balto, Co. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Towson Dept. Store Joseph Hospital Sales Lady USUAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. NO [116 E. Clement St Balto. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Joseph Thuman Mary 17. INFORMANT Haneke IN WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 165 SOCIAL SECURITY NO LIE YES GIVE WAR ORDATES! No 215-10-9030 Jean M. Sweiger, 304 Oak Lane Ct. 21204 18 CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA HEALTH A 144. DATE OF OBERATION 19), CONDITION FOR WHICH OPERATION WAS PERFORMED 28 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE WORD
PAGE 4 SHOULD BE FORWARDED TO THE CHIE
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US
AFTER DEATH, WITH THE STATE DEPARTMENT OF
BALTIMORE, MARYJAND, 21201 PRIOR TO BURIA BURI YES [] The EXTERMAL CAUSE WAS 71b. TIME OF INIURY 21c HOW INTURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21a- PLACE OF INJURY (AT HOME. III. LOCATION NOT WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on Autopsy and in my apin on Hamicide death resulted fram: Undetermined manner Suicide EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 3/12/82 New Cathedral Cem Baltimore Md. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Mitchell-Wiedefeld Home, Inc., 6500 York Rd. 15M 2/80





Ruck Towson Funeral Home, Inc. Towson, Maryland

MIDDLE

HENRY

- STATE

TYPE OR PRINTS

REGISTRAR

JOHN

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TILLMAN, SR.

LAST

1050 York Road

REG. NO

March 22, 1982

2h HOUR

12b. KIND OF BUSINESS OR

Pa Railroad

APPROXIMATE INTERVAL

COUNTY

COUNTY Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

IF UNDER TYPAR

20 DATE OF DEATH MONTH

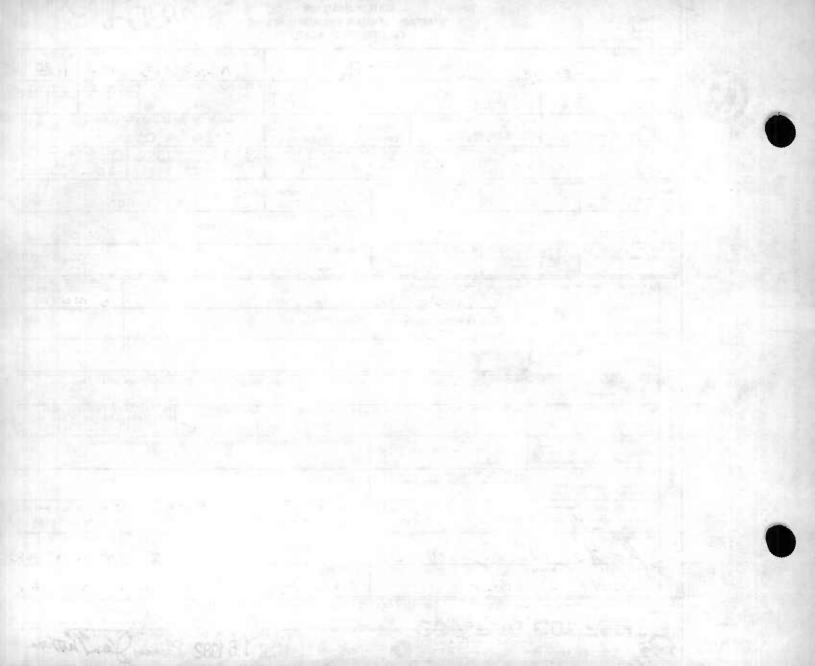
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(VRA 15, 4) 1/79

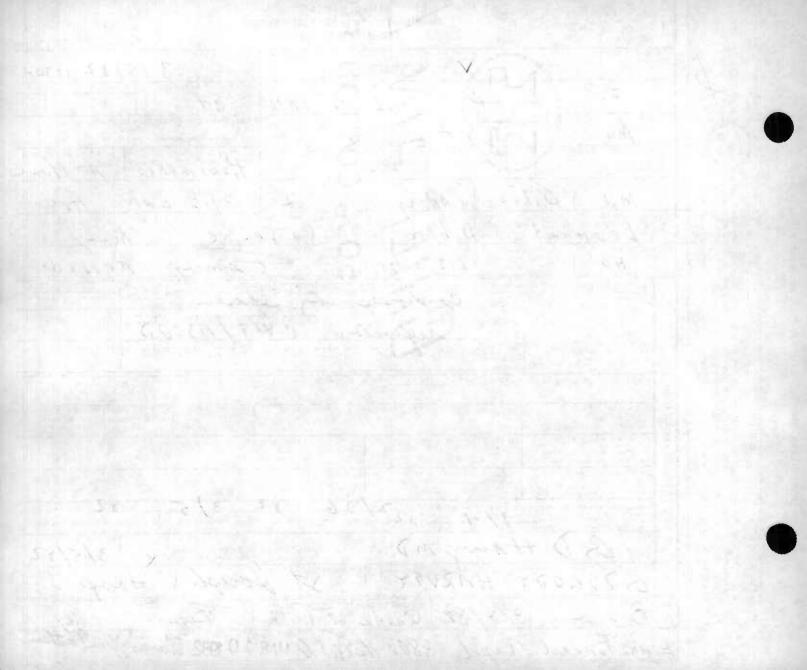
7922 Wise Avenue

STATE OF MARYLAND



4 57

STATE OF MARYLAND



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

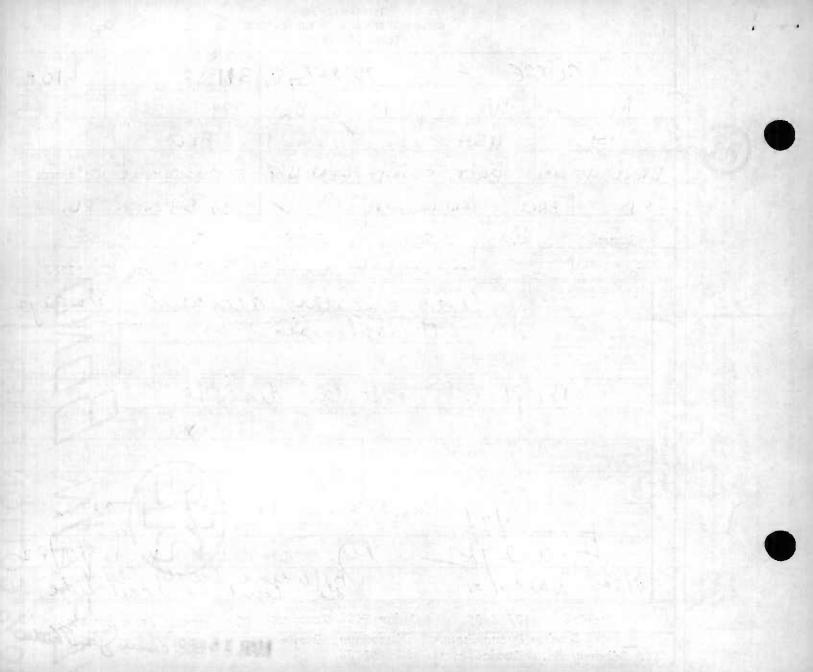
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25 M GISTRAR SCHATUF WITHER

| 1 | | REGISTRAR | | | | CERTIF | ICAIL OF | DEATH | REG. N | 0 | | |
|--------|---------------|---|-----------------|-----------------------|-----------------------|----------------|---------------|-----------------|--------------------------|------------------|-------------------|------------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | | AST | | | | DAY YEAR | 26 HOUR |
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| | | | 460 | | 11. | / | UNCE | 135h | 51100 | | | 1 OPM |
| | 3 SE | X | | 4 RACE | | 5. DATE C | | , | 6. AGE IN YEARS LAST BIR | | IF UNDER I YEAR | |
| 3 | | 1// | | W | | 10 | al | 02 | 79 | YRS. | MONTHS DAYS | HOURS MIN. |
| 1 | AL BI | RTHPLACE ISTATE | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | Y? 8 | | | 9 BALTIMORE CITY C | | Y OF DEATH | |
| ¥5 | | COUNTRY) * | | 115 | A | WIDOWE | D NEVER | | BNI | TC | 100 | |
| 1 | 10 C | ITY OR TOWN OF D | EATH | 11. NAME OF | HOSPITAL, NURS | | | NORCED | 12a USUAL OCCUPAT | ION | TISK KIND (| OF BUSINESS OR |
| L.L. | 0 | HANNA | Carne to | (IF NOT IN SUC | H FACILITY, GIVE STRE | ET ADDRESS] | A | 111 -0 | LIYPE OF WORK FOR MOST O | OF WORKING 1 | FE) INDUSTRY | |
| 1 | Y | HINDHCO | SI DIVIN | ACI | LT, CO | YTUNC | 6-61 | 1. HOSP. | Retired : | nsura | ince Sa | lesman |
| 21 | 13a. S | AL RESIDENCE (IF N | 136 COUN | | 130 CITY OR TO | | 13d INSIDE | ITY LIMITS? | 13e. STREET ADDRESS | | | |
| うと | 1.0 | MD | BA | T | | UCHOTOSI | YES 🗍 | NO D | | ERAT | on P | D. |
| - | 14. F.A | ATHER'S NAME | | | | | 15. MOTHER | S MAIDEN NAM | | CIVIT | | |
| 30 | | Samue l | | T_{ullet} | Tucke | 220 | 7 | ottie | MIDDLE | | Ecke | ST |
| - | IAn M | VAS DECEASED EV | ED IN III C AD | | 16b SOCIAL SEC | | | 1 1 1 T | L_{\bullet} | | LCK | SI. |
| | | ES. NO OR UNKNOWN) | | E WAR OR DATES) | | | 17 INFORM | Mrs. | Anna A. Ti | icker | A COLUMN | |
| 1 | | No | - | | 217-22-7 | 7920 B | 36 She | raton R | d., Randali | stown | , MD | 21133 |
| | | 18 CAUSE OF DE | ATH Enter on | ly ane couse per | Line far (a), 1b) | and (c) | 1 | | | 1 | APPROX | CIMATE INTERVAL ONSET AND DEATH |
| | | PART I. DEATH | | D BY: TE CAUSE (a) | 0 10 10 | מחרות | 101.10 | no 1 | allide | M | 1/1 | - aama |
| 83 | | 1151 | MMEDIAI | | | 100002 | 1110 | | MANOU | - | | - Jac g L |
| | | 796 | 0 | DUE TO, O | R AS ACOMSTO | UENCE OF | 100 | 1010 | | | | 0 |
| | | Conditions, if a gove rise to | | (b) | CCC. | 20107 | aco | 0 - 0 - | | | 1 1 72 | |
| | 74 | couse (a), sto | iting the | DUE TO, OI | R AS A CONSEQ | UENCE OF | | | | | 1 | |
| | | underlying car | ose last. | ((c)_ | | | | | | | | |
| | 100 | PART 2. OTHER SI | GNIFICANT C | ONDITIONS CO | ONTRINOTING TO | DEATH BUT | NOT REVATE | TO THE TERM | INAL DISEASE OR CON | DITION GIV | /FN IN PART 1 | la: |
| | CERTIFICATION | PART 2. OTHER SIGNIFY ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPARED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | | |
| da | AT | 190 DATE OF OPER | RATION | 19b. CONDI | TION FOR WHIC | H OPERATION | N WAS PERFO | DRMED | 200 AUTOPSY? | 1206. IF YES | S, WERE FINDI | NGS LISED |
| 1 | H | 1-5-0-5-1 | | | | | | | VEC CO VIONE | IN CERTIF | FYING CAUSES | S OF DEATH? |
| \sim | ERT | 21a. ACCIDENT WAS I | INDERLYING E | 7 216. TIME O | E INTURY | | 121, HOW/IN | LILIBY OCCUPE | YES NO | YE | | NO 🗌 |
| 4 | | OR CONTRIBUTING | | | M. MONTH | DAY YEAR | ZIC HOW II | JURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM 18, P | 'ART I OR PART 2) | |
| | CA | I IF EITHER NOTIFY M | EDICAL EXAMINER |) P. <i>J</i> | M. | 19 | TUE | | | | | |
| | MEDICAL | 21d INJURY OCCU | JRRED | 21e PLACE | OF INJURY | CARL CTC. | 211 LOCATI | | CITY OR TO | WN | COUNTY | STATE |
| | 2 | AT WORK AL | WHILE ORK | (AT NOME STR | EET, PACTORY, OFFICE | (, FARM, ETC.) | 31111 | | 1 | | | 31816 |
| | | 22a.1 certify that | (Withis hospit | tal) attended the | e deceased from | . 3/ | 10 | 10 8 2 | - 10 3/0 | 1 | 10 8 2 | that W (we) last |
| | | saw the dece | ased alive on | 3/11 | 19 | II A | d that in (my | (ogr) opinion o | leath occurred an he do | ate and how | | |
| | | abave, (I) (226, SIGNATUM | (did) (did no | t) view the body | atter death. | | | | | are did noo | - | |
| | 1 | 220. SIGNATO | 7 1 01 | · 17 | 10 | A | DEGREE | ATTENDING | MEDICAL STAI | | Th. DATE | SIGNE |
| | | 10 | MIN | 100 | | / | 4) | PHYSICIAN [| | IANAI | 3/ | 11/1/2 |
| | 1 | 22d PHYSICIAN'S | NAME ITYPE O | R PRINT, | | | 220 PORE | Fi ALI | re louis | Un C | elle los | ab. |
| 1 | | VIJAY | NA | UHYET | V. | | H | In | 11 RR | 1 A | IT. N | the. |
| - | 23a. B | URIAL, CREMATIO | N. REMOVAL | 123b, DATE | 73, | NAME OF CI | EMETERY OF | CREMATORY | 23d LOCATION | land V | 100 | |
| | | SPECIFY) Rains | | 3/15/8 | | | | matani | CITY OR LOWAL | | COUNTY | 7 7 STAINATO |

8728 Liberty Rd., Randallstown, MD 21133

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND

WIDOWED

REG NO

7h. HOUR

6:20A M

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) RACHEL. BROWN TIII.I.Y SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH June 10,1904 White Female To BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore

16b. SOCIAL SECURITY NO.

213-52-7898

Scotland

MARRIED NEVER MARRIED

DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore County 120 USUAL OCCUPATION Greater Baltimore Medical Center

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker

12h KIND OF BUSINESS OR

13e. STREET ADDRESS 13d INSIDE CITY LIMITS?

NO XX 15. MOTHER'S MAIDEN NAME

Rachel Kilpatrick

17 INFORMANT

MIDDLE 64225 Sherwood Rd.

LAST

Joan L. Whitehouse Baltimore, Md. 21239

505A Castle Drive

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.

PART I DEATH WAS CAUSED BY:

RobertaEemeuson

13b COUNTY

B.ltimore

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

Sootland

Towson

No

Maryland

Arteriosclerotic cardiovascular disease

IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101

210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

saw the deceased alive on_ above (4) (we) (did) (did nat

(IF EITHER NOTIFY MEDICAL EXAMINER)

19n DATE OF OPERATION

21d INJURY OCCURRED

HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY

March 23

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

March 23

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YES X

CITY OR TOWN

March

COUNTY STATE

22c DATE SIGNED

FOR

- STATE

CERN UMD.

220 I certify that (I) (this haspital) frended the deceased from_

22e ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN

3-23-82

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Charles C. Brown, M.D.

6701 N. Charles St. Towson, MD 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN 21204

DHMH-16 30M 2/80

(VRA 15, 4)

(SPECIFY) Cremation 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto. Md. 21212

March 24,1982

Green Mount ADDRESS 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAPLINE

Baltimore City, Maryland

STATE

o ila outs distance and in the control of Joint Jacob Established Company Compan . A HOOWING SAY 213-32-78500 John u. Whitehouse mituore, No. 21450 recording the second section of the second second Maria City, Asiata iccoell-liedheld Mora, Inc. 6188., 14. 21212

E. NUTTER FUNGER! Home 3035 W. NORTH AVE.MAR 8

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

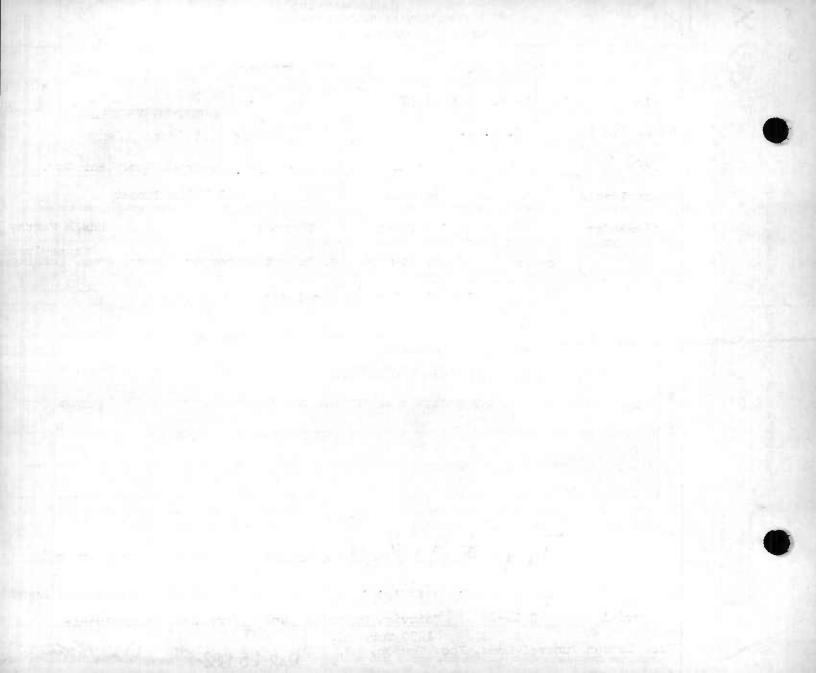
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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN KK MONTH 7h HOUR (TYPE OR PRINT) ESTI-Urquhart ROBERT NEKNNYBY DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 1 YR IF UNDER 24 HRS 12 PADUR DATE LAST BIRTHDAY) PRONOUNCED Sept. 15,1932 59 DEAD 3-11-82 white male TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Pennsylvania U. S. A. WIDOWED [DIVORCED XX Baltimore County 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS I. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Lambeth House -200Towson Town Blvd. Contract Adm. For Gov. lowson SHOULD BE ISUAL RESIDENCE LIF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THE COUNTY Scranton 13. SIREEI ADDRESS RO3 Philo Street 13d INSIDE_CITY LIMITS? Pennsylvania YES A NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alexander MIDOLE MIDOLE Urguhart Theresa MUKKN Murray 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION Pennsylvani YES, NO, OR UNKNOWN IF YES, GIVE WAR OR DATES 203-24-6950 J. Robert Bomberger Funeral Home, Scrantor YES Korean CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMNER: INID CERTIFICATION OF THE WORD "PRESECUTE THE CREMINICALE WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 218 PLACE OF INJURY JATHOME 21d. INJURY OCCURRED 21/ LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted fram: Natural causes Accident Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL 3-12-82 SIGNATURE EXAMINER'S NAME Penn Street Margarita (TYPE OR PRINT) Korell M.D ADDRESS 230 BURIAL, CREMATION REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE 3-15-82 Burial Fairview Memorial Park BP Scranton Pennsylvania 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR 1050 York Rd. **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) Clara DEATH MATED G. Varlas 4. RACE 5 DATE OF BIRTH 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) PRONOUNCED Female White 3 - 30 - 191467 DEAD 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY! Greece U.S.A. WIDOWED TO DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9016 Perring Park Road Baltimore Clerk Typist - State Roads 13c. CITY OR TOWN T3d. INSIDE CITY HMITS? 13e. STREET ADDRESS Baltimore Maryland 9016 Perring Park Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE DIVISION OF VIN Asimina Gregory Glaros Unknown 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST Michael Lambros, 219-28-7364 same as #13e No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 HEALTH CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF FORWARDED TO THE LONG BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION (AT HOME. STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: I AFTER DEATH, WITH THE S 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted frame Natural causes Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Greek Orthodox Cemetery Burial 3-17-82 Woodlawn: Maryland 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR 1050 York Rd. **DHMH-17** ADDRESS Ruck Towson Funeral Home, Inc., Towson, Md. 21204 (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

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| | REG. NO. | | | | | |

| 1. | - STATE REGISTRAR | | | DEPART | | ICATE OF DEATH | | G, NO. | 0 (|) | 3 1 |
|---------------|--|-------------|-------------|---|---|---|--|----------|-----------------------------|------------|---------------------|
| | CEASED NAME | FIRST | | WIDDLE | | LAST | 20. DATE OF DEAT | | DAY | YEAR | 2b. HOUR |
| (1455 | E OR PRINT) | FRRY | | ~ | | OKUR. | | 03 | 01 | 82 | 206A |
| 3. SE | | | 4. RACE | | 5 DATE O | | 6 AGE (IN YEARS LA | | | DER I YEAR | IF UNDER 24 HRS |
| 83 | MALE | | CAUCE | CI'DN . | монт | | 76 Y | 5. | MONTH | S BATS | HOURS MIN. |
| 7a. BI | IRTHPLACE (STATE OR | FOREIGN | | WHAT COUNTRY? | _ | XXX NEVER MARRIED | 9 BALTIMORE CI | 11 | | EATH | |
| | USSIA | | USA | | | | BALTIMO | | | | |
| | ITY OR TOWN OF DEA | ATH | 11. NAME OF | HOSPITAL, NURSIN | | DROTHER INSTITUTION | 120 USUAL OCCU | PATION | 12 | h KIND O | MD F BUSINESS OR |
| LAC CA | RANDALLST | | BALTIM | | Y GEN | . HOSPITAL | DISPA | TCHER | G LIFE) IN | CAB | |
| 130. 9 | AL RESIDENCE (IF NURS STATE MARYLAND | 13b COUN | | OWINGS M | N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRE | E CIR | | # 2 | 21117 |
| 14 FA | ATHER'S NAME | | | 110 - | | 15. MOTHER'S MAIDEN NA | ME | | | | |
| | DAVI | D | MIDDLE | VINOKUR | | ÄNNA | MIDD | | | ZRACE | |
| | VAS DECEASED EVER | | | 16b SOCIAL SECU | | | RS. RUTH A | | | 33 -E | |
| | YES, NO OR UNKNOWN) | WWI | I – ARMY | 219-10-8 | 578 | TAHOE CIR. | OWINGS | MILL | S, MI |) 2 | 21117 |
| NOI | Conditions, if ony, gove rise to improve couse (o), statin underlying couse | (c) C | ERONIC | R | ROTIC HEAR CONGESTIVE ENAL F NOT RELATED TO THE TERM | AILURI | | | PART I(c | 2. | |
| CERTIFICATION | 190 DATE OF OPERAT | TION | 19h COND | TION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? | IN CE | YES, WER RTIFYING YES | CAUSES | OF DEATH? |
| MEDICAL CER | 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI | AUSE OF DEA |) P. | M. MONTH DA | AY YEAR 19 | 21c. HOW INJURY OCCURE | | | | R PART 2) | |
| ME | WHILE NOT WH | ILE 🗍 | | OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET | | CITY | DRTOWN | C | OUNTY | STATE | |
| | 220-1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE | ed plive on | 7 | 3-1-108 | 201 | nd that in (my) (our) opinion of DEGREE | death occurred on the | STAFF . | hour and | from the c | |
| | 22d PHYSICIAN'S NA | | | 47 EL. | | PHYSICIAN [22e ADDRESS Bal. Cour | | 200 | 05/ | | |
| 23a. B | BURIAL, CREMATION, SPECIFY) BURIAL | REMOVAL | MAR . 3 | | | EMETERY OR CREMATORY WAR VETERANS | 23d. LOCATION CITY OF TOW ROSEDA | LE LE | BAL | To. | MD |

MPORTANT: If Hem 21 is morked or

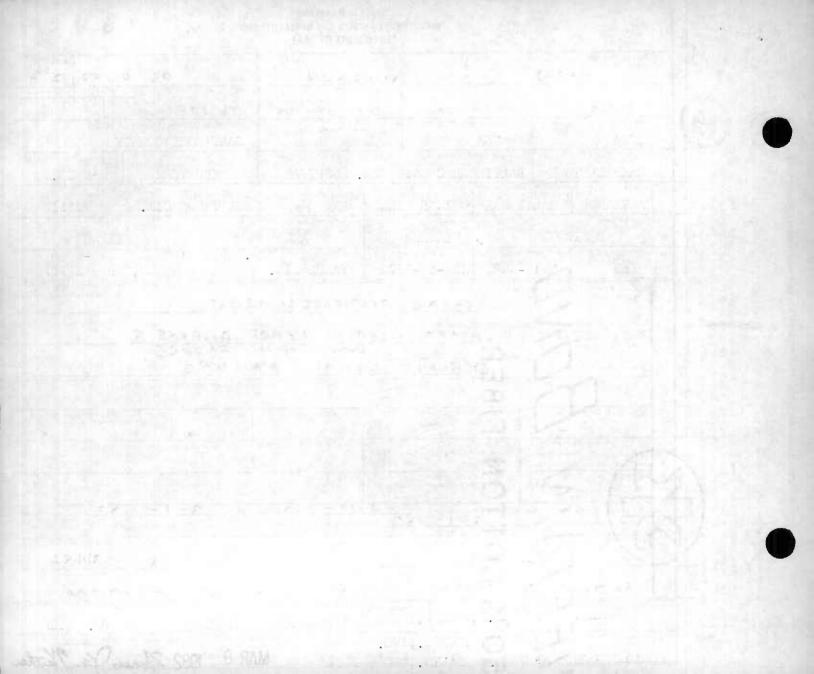
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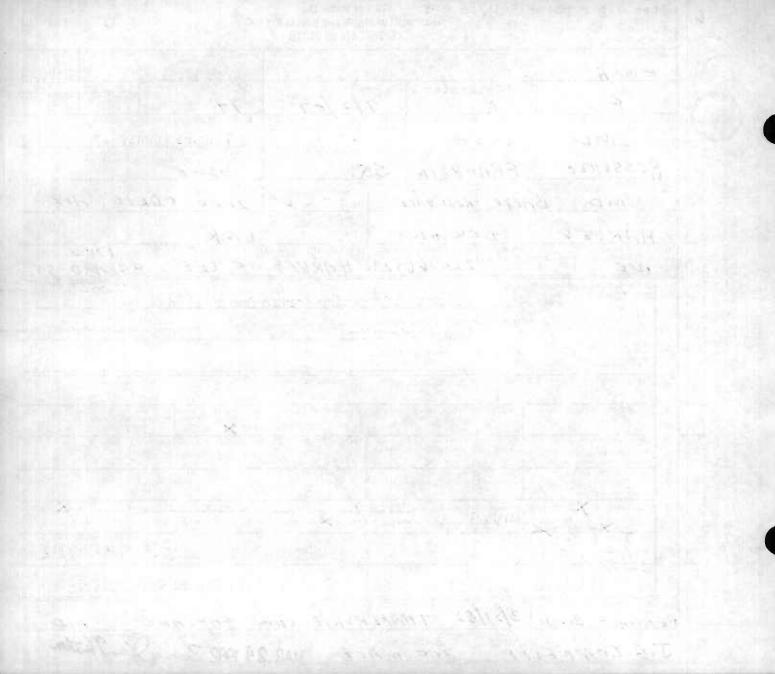
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BALTO. MD

MAR 8

DHMH - 16 50M 1/81 (VRA 15, 4) 6010 REISTERSTOWN RD.





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | CERTIFICATE OF DE | ATH REG. NO | |
|---|---|--|---|---|--|
| ľ | DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH DAY | YEAR 26 HOUR a |
| L | Josephine | Madelin | VRANY | March 23, 1982 | 1:40 M |
| 1 | Female | White | Feb. 14, DAY 18 | | NDER LYEAR IF UNDER 24 HRS |
| | EBRIHPIACE INATORIOREA Czechoslovakia | 76. CITIZEN OF WHAT COUNTRY USA | MARRIED NEVER MA | - 9 BALTIMORE CITY OR COUNTY OF | |
| | Rossville 21237 | 11. NAME OF HOSPITAL, NURSI | Hospital | JTION 120 USUAL OCCUPATION 1 | 12b KIND OF BUSINESS OR INDUSTRY THO ME |
| 1 | Naryland Ba. | NTY 13 CITY OR TO LESSEX 2 | re admission) 1221 13d. INSIDE CITY YES N | LIMITS? 13e. STREET ODERESS TOWNSEND RO | oad |
| | Peter Vlas | LAST | 15. MOTHER'S M | Alden name Fie Horakova MIDDLE | LAST |
| 1 | WAS DECEASED EVER IN U.S. AI | RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 213 01 | | A. Muenzing, Daughter | Same |
| | Conditions, if any, which gover her to immediate course on storing the underlying course fost. PART 2 OTHER SIGNIFICANT. | due to, or as a conseou | | THE TERMINAL DISEASE OR CONDITION GIVEN | IN PART 110 |
| | 194 DATE OF OPERATION 216, ACCREMY WAS UNDERSTAND | 196 CONDITION FOR WHICH | H OPERATION WAS PERFORM | | ERE FINDINGS USED G CAUSES OF DEATH? |
| | total relativistation and the first term of the control of the | HOUR A.M. MONTH | DAY YEAR | RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I | |
| | 216 INJURY OCCURRED 216 INJURY OCCURRED 216 INJURY OCCURRED 216 INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM, ETC.) 21f. LOCATION STREET | | COUNTY STATE |
| | | March 23 deceosed from 19 ew the body ofter death. | DEGREE | 19_82 | 82, that pt (we) lost d from the couses stated 22c DATE SIGNED 87 |
| | THE PHYSICIAL CHEMATION, REMOVAL | 101)EZ W 1236. DATE . 1236. | 9000 F | ranklin Square Drive 2 | 1237 |

DHMH-16-50M 1/8] (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Funeral Home PA 1407 Old Eastern Ave. MA uzdzinski

| | | 53 N | , 35 | ofide | | ni mpi |
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| | To the | | Salane - | - Day Taling-Kill | \$65 C 01 | Zivs_oil |
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| | | | | | | |

DHMH - 16 50M 1/B?

(VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT

5 DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT Balto. Co. Gen. Hospt.

Reisterstown

LAST

166 SOCIAL SECURITY NO

132-24-1373

Vyborny

DUE TO, OR AS A CONSEQUENCE OF

| NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH | ENE 3 4 U O J 9 4 A |
|--|---|
| VYBORN Y | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 3 -1/-82 3 50 N |
| Nov.7,1894 | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 3 HRS MONTHS DATS HOURS MIN. |
| WIDOWED DIVORCED | Baltimore Co. |
| HOME OR OTHER INSTITUTION | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Dentist |
| town YES NOV | 13e STREET ADDRESS Drive |
| 15 MOTHER'S MAIDEN NAM | MIDDLE Kucera |
| YNO. 17 INFORMANT | ADDRESS |
| 73 Mrs. Julia S | . Vyborny Reisterstown, Md. |
| clarotie he | af disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Than line APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| CE OF | |
| ATH BUT NOT RELATED TO THE TERMI | NAL DISEASE OR CONDITION GIVEN IN PART 110 |

| Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF | |
|---|--|----|
| PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 | 0, |

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

| Control of the Contro | | |
|--|---|-----|
| TO ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | 210 |
| (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. 19 | |

21e. PLACE OF INJURY

4. RACE

Balto.

MIDDLE

13b COUNTY

White

TISA

76 CITIZEN OF WHAT COUNTRY?

211 LOCATION

STREET

200 AUTOPSY?

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN COUNTY

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NO

22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on, above, (1) (we) (did) (did nat) view the body after death

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL

PHYSICIAN

DIRECTOR PHYSICIAN PA

22c. DATE SIGNED

22d. PHYSICIAN'S NAME

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23¢ NAME OF CEMETERY OR CREMATORY Westview Memorial

22e. ADDR

STATE

24 FUNERAL DIRECTOR

Eline Funeral Home Reisterstown, Md. 21136

March 12.82

23b. DATE

La Emil . 0 Elevation for the American con Calvo. Lo. uem. Morei. arreson and a manufacture of the second of t THE HAME AS AS THE PROPERTY OF

injury, ar other traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

| | 1. | FOR - STATE REGISTRAR | DEP/ | ARTMENT OF H | E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | 060 | 4 5 |
|----|---------------|--|--|--|--|--|-------------------------------------|---|
| | (TYP) | CEASED NAME FIRST BEST | | | 15 muth | 20 DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| | _ | f Female | 4 RACE White | | DF BIRTH 1892 AR | 6. AGE (IN YEARS LAST BIRTHDAY) YR: | MONTHS DAYS | IF UNDER 24 HRS |
| 5 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NU | MARRIE | | 9 BALTIMORE CITY OR COUNT | O. | MD |
| 10 | (0 | atonsville | 12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN | G LIFE) 12b. KIND O INDUSTRY | F BUSINESS OR | | | |
| 5 | Mc | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY AND ATHER'S NAME PIRST | NTY 13c. CITY OR 1 | refore admission) TOWN Aville | 13d. INSIDE CITY LIMITS? YES NO THE NAME OF THE NAME O | ME MIDDLE | atonsvil | le. |
| | | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | 214-01 | 56 56 56 56 56 56 56 57 57 57 57 57 57 57 57 57 57 57 57 57 | Many 17 INFORMANT Mr. August J. | Address Vachsmuth, Same | Mannu as above | MATE INTERVAL |
| 3 | ATION | Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (Diabette 190 DATE OF OPERATION) | DUE TO, OR AS A CONSE | QUENCE OF | CVA | true failur INAL DISEASE OR CONDITION (| (| 33 |
| 1 | CERTIFICATION | ? a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | | YES NO INCER | YES | OF DEATH? |
| | MEDICAL | OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATORE | P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 19 EICE, FARM, ETC) om 32 9 82, an | 211. LOCATION STREET 19 d that in (my) (see) apinion of | to T March death accurred an the date and h | COUNTY | STATE that (I) (we) lost couses stated |
| 1 | | 22d PHYSICIAN'S NAME (TYPE O | | WE | 22e ADDRESS | met Nun | sing ; | Home |
| | (| Burial, CREMATION, REMOVAL ISPECIFY Burial UNERAL DIRECTOR Utily Funeral H | 133. DATE Man. 9, 1982 Jome, 130 E.Forth | Glen He | emetery or crematory aven Mem. Pank 250. Dati Uto. Md. MAI | I Glen Bunnie ERECO. By REGISTRAR 236 REG R 10 1982 Fian | A. A. Co. M. ISTRARESIGNAMI COO Jan | anyland lather |

A Esset . . The source Frank Street Street Street Street Street to deposit the second of the s additional to the to the terminal to the beautiful to the and the second Promite your me to make the movement of the later where and the property of the second of the second HILLY I compared to the Description of the second seco The state of the s James E Mine William Strate College Bridge TAINER E. Rowe - Survey of Marchen House Burker Committee Com a mile a material facility of the facilities of the first of the first of the facilities of the facili

mit amount adress at the termination of the Spinisher Building Mothers 301 COI State of Etras 0748-01-119 Etras Est

stor, page 3

completely filled in by

should be detached for use as the burial-transit permit. Then please remove carbandapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

moy be

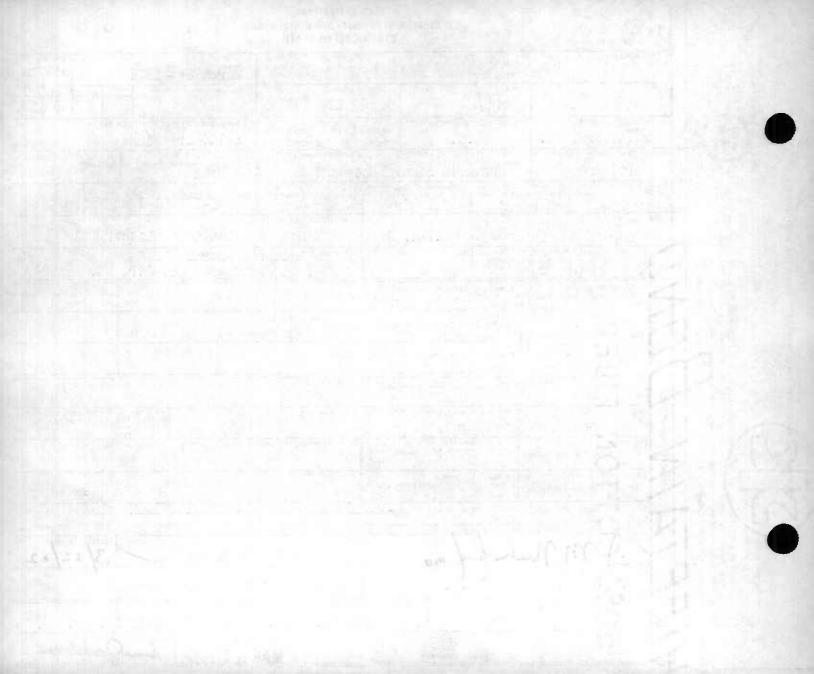
| | | FOR - STATE REGISTRAR | | | NT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 2 | 0 | 6 0 | 4 5 |
|---------------------------------------|---------------|---|-----------------------------------|----------------------|----------------|---|--|--|-------------|-----------------------------------|
| | | CEASED NAME FIRST Gorde | on | | la]k | er | March 21, | 1982 | YEAR | 5:40am |
| | 3. SE | Male | White | | March 20, 1982 | | 6. AGE (IN YEARS LAST BIRTHDAY) YRS | | NDER) YEAR | if UNDER 24 HRS |
| 35 | | Baltimore, Md. | 76. CITIZEN OF WHA | | MARRIE! | D NEVER MARRIED X | Baltimore city o | _ | | MD. |
| 57 | | Baltimore | Frank I | in Square | e Ho | spital | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O None | | NDUSTRY | BUSINESS OR |
| Sept. | M | | ddress 13c. | CITY OR TOWN Bel Air | MISSION) | 13d INSIDE CITY LIMITS? YES NO X | 13e STREET ADDRESS | 81-I Re | dfiel | d Rd. |
| oning C | | Gordon Lo | pez | Walker, | | 15. MOTHER'S MAIDEN NAM Nancy | iry (AST | | | |
| e medico | - 1 | NAS DECEASED EVER IN U.S., AR, YES, NO OR UNKNOWN) I IF YES, GIV. NO | . GIVE WAR OR DATES) | | | ¹⁷ INFORMANMother 981-I Redfi | | | Md. | 21014 |
| injury, ar other traumatic event, the | NO | PART 1. DEATH WAS CAUSED BY: Anencephaly DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN None | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPERATION None | 196 CONDITION FOR WHICH OPERATION | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WI IN CERTIFYING YEXX | G CAUSES (| GS USED OF DEATH? |
| is morked or Item 18 shows any | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | URY MONTH DAY | YEAR 19 | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | | - | |
| orked or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF IN | CTORY, OFFICE, FARM | | 214 LOCATION STREET | CITY OR TO | VΝ | COUNTY | STATE |
| m 21 is m | į | 22a I certify that (1) (this haspit sow the deceased alive on obove, (1) (we) (did) (did not | | | | d that in (my) (aur) apinian d | , to March21_ leath occurred on the do | | | hat (I) (we) last ouses stated |
| NT. = | | 22b SIGNATURE M | wholf | mo | | ATTENDING PHYSICIAN | MEDICAL STAP | F IAN 🗗 | 3/2 | 2/82 |
| IMPORTANT: If them 21 | | J. Michael Ni | ehoff, M. | 3. | | | lin Square | Drive | | |
| | Di | BURIAL, CREMATION, REMOVAL SPECIFY) SPOSEd UNERAL DIRECTOR | 3/26/82 | Г., | | in Sq. Hosp. | 23d LOCATION 9000 Fra | nklin S | q. Dr | Balto |
| /81 | 4. 1. 6 | DIKECTOR | | | | ZJO DATE | REC D. BT REGISTRAK | DD. KELJISTRAR | > IGN | The way |

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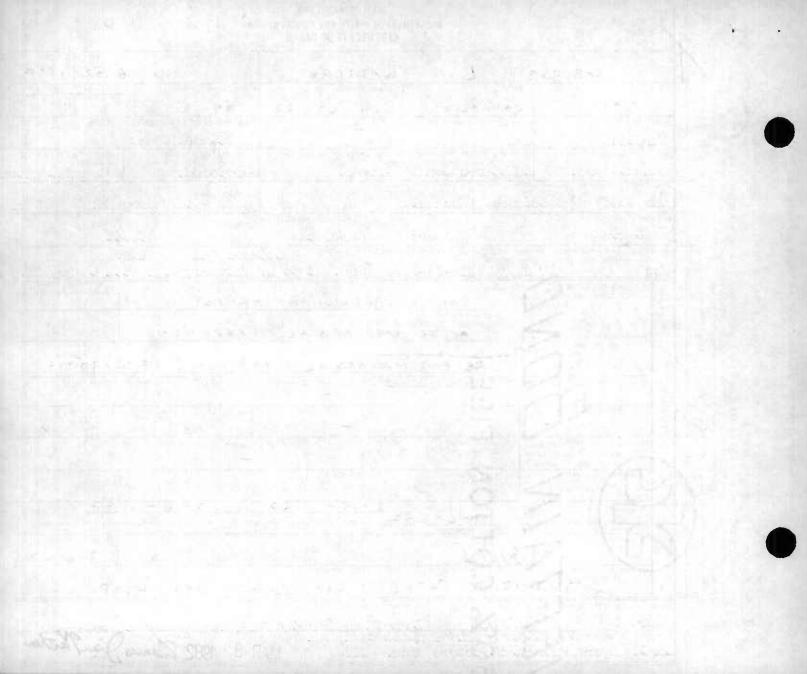
BP. DHMH - 16 50M 1/81 (VRA 15, 4)

None



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR - STATE

completely

or Item 18

should be detached to with the State Dept. o IMPORTANT: If Item 2

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | R | EG. NO. | | | |
|----|--------------|-----------------------------------|---------------|------------------|--|----------|--------------------------|------------------|-------------|-----------|-----------------|----------------------------------|
| | | CEASED NAME | FIRST | | MIODLE | l | AST | 20. DATE OF DE | ATH MO | HINC | DAY YEAR | 26 HOUR |
| | 11111 | ORPKINII | THERE | SA I | MARIE | WAS | SMER | March 2 | 24. | 1982 | | 5:25a M |
| | 3. SE | X | | 4. RACE | KI -2 -3 13 | 5 DATE C | | 6 AGE (IN YEARS | | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| _ | | emale | | White | | 12 | - 28-1924 | 57 | | YRS. | MUNIHS DAYS | HOURS MIN, |
| 6 | | RTHPLACE (STATE | OR FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE | CITY OR | COUNTY | OF DEATH | |
| ٥ | Ma | aryland | 11. | U.S.A | 1. | WIDOWE | | Baltimo | ore (| Count | tv | MD. |
| 1 | 10 CI | TY OR TOWN OF | EATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCC | UPATION | 4 | 126 KIND O | F BUSINESS OR |
| 1 | | 11timore | | Frank | lin Squa | re H | ospital | Homema | | | | ewife |
| 10 | USU / | AL RESIDENCE (IF N | 13b COUN | VTY | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e STREET ADD | RESS | | | |
| 1 | | ry l and | Ba1t | imore | Baltim | ore | YES NO NO | 61154 E | ben | ezei | r Rd. | 21220 |
| 1 | 14. FA | THER'S NAME | | MIOOLE | LAST | | 15 MOTHER'S MAIDEN NAM | | ODLE | | LAS | T |
| Q | | John | | | Draye | r | Ethe1 | | | | | |
| | | WAS DECEASED EVER IN U.S. ARMED F | | | R OR GATES) | | | | ADDRESS | Reis | sterst | own |
| | N | 0 | | | 215-22- | 5919 | J. Donald | Wasmer | 207 | Est | tate R | d |
| ł | | 18 CAUSE OF DE. | ATH (Enter or | nly one cause pe | r line far (a), (b), and | | | | | PRIN | | MATE INTERVAL DNSET AND DEATH |
| | 34 | PARTI. DEATH | | TE CAUSE (o) | Acute My | yocaro | dial Infarction | on, Arter | cioso | clerc | otic | |
| | | 4100 |) | DUE TO. C | OR AS A CONSEQUE | NCE OF | | | | | | TO YOU |
| | - 1 | Conditions, if a | | (b)_ | | 7 | Vascular Disea | ase | | | | 15 15 L |
| | | gave rise to i | iting the | DUE TO, C | OR AS A CONSEQUE | NCE OF | | | | | | |
| | 200 | underlying cou | use last. | (c)_ | | | | | | | | |
| | | PART 2 OTHER S | GNIFICANT | CONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR | CONDIT | ION GIV | EN IN PART 110 | 1 |
| | ě | | | | | | | | | | | |
| 2 | CA | 190 DATE OF OPER | RATION | 196. COND | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | | , WERE FINDIN | |
| 1 | ERTIFICATION | | | | | | | YES NO | | | S [| NO [|
| 1 | ш | 210. ACCIDENT WAS I | JNDERLYING T | 216. TIME C | OF INJURY | | 21c HOW INJURY OCCURR | ED (ENTER NATURE | OF INJURY I | HIEM 18 P | ART LOR PART 2) | |

OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an March 24 sow the deceased alive an March 24 abave, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and haur and from the causes stated DEGREE 224. DATE SIGNED

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN 9000 Franklin Square Drive 21237

238 BURIAL, CREMATION, REMOVAL Burial

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Balto.,

STATE

Hill Mem. Gard. 24 FUNERAL DIRECTOR

URE NZO.

Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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| 15 h Somework Nd 128 | | e-indicted | I decomination | bratwal |
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| procesoration | Simo - T | 0 1 D 2 m 2 3 m 3 | | 0 |
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STATE OF MARYLAND

DED ADTMENT OF BEALTH AND MENTAL UVCIENC

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| 5 | 1 | |
| | (C.ug | |

| 1 | - STATE REGISTRAR | | DEFARIA | CERTIF | FICATE OF DEATH | | REG. NO. | O | 0 0 | 4 0 |
|---------------|--|----------------------------|---|-----------------|---|--|------------------------------|--------------|-------------------------|-------------------------------|
| | CEASED NAME FIRST | | MIDDLE | | LAST | 2a. DATE OF DE | ATH MOI | NIH DA | Y YEAR | 26 HOUR |
| | CHR | ISTINE | E | | WEBER | | | 3/20 | 1/82 | 9:074 |
| 1./51 | EX | 4. RACE | | | OF BIRTH | 6 AGE (IN YEARS | LAST BIRTHDA | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| | Female | White | | Dec 14, 191 | | 70 | | YRS | | THOUSE MIN. |
| 1 | HRTHPLACE I STATE OR FOREIGN | | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE | CITY OR C | COUNTY | OF DEATH | |
| 4 | aryland / | U.S.A | | WIDOW | | BALTI | | | JNTY | MD. |
| | TOWSON | GBMC- | 6701 N. | CHA! | RLES ST. | 12a USUAL OCC TYPE OF WORK FOR Housew. | UPATION MOST OF WO IFE | ORKING LIFE) | 12b. KIND C INDUSTRY | OF BUSINESS OR |
| 13a. | JAL RESIDENCE (IF NURSING HOME OF STATE 131 COUN Maryland Harf | NOTHER INSTITUTION NTY Ord | INCLUDENCE BEFORE 134 CITY OR TOWN Jarretsv | N | 13d. INSIDE CITY LIMITS? | 13e SIREEJ ADD | RESS Odlei | gh Te | errace | |
| 14. F | ATHER'S NAME | WIDDLE | LAST | , | 15. MOTHER'S MAIDEN NAM | | IDDLE | | | |
| 1 | Frederick | Ka | ttenhorn | | Isabella | M | wolf. | Gi. | lchriŝ | t |
| | WAS DECEASED EVER IN U.S. AR | MED FORCES? | 16h. SOCIAL SECU | | 17 INFORMANT | | ADDRESS | | | |
| | (YES, NO OR UNKNOWN) (IF YES, GIV | T WAN ON DAILS, | 215-24-4 | 1364 | Mr John P We | eber | | Same | | |
| NOI | Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| 1 - | CARCINON | NCE OF | F THE COLON | | R CONDITI | ION GIVEN | N IN PART 10 | 01 |
| CERTIFICATION | 196. DATE OF OPERATION 196. CONDITION FOR WHICH O | | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAU | | | NG CAUSES | OF DEATH? | |
| MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED | P.a 21e. PLACE | M. MONTH DA M. | 19 | 216. HOW INJURY OCCURR 21f. LOCATION STREET | ED (ENTER NATURE | | | | STATE |
| | 270. I certify that (1) (this hasping the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE 2724. PHYSICIAN'S NAME ITYPE CANDREW G. | me bady | atter death. | | ad that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS GBMC 67 | MEDICAL DIRECTOR 1 | STAFF PHYSICIAN | v 02/ | 22c. DATE | |
| 230 | BURIAL, CREMATION, REMOVAL | | | AME OF C | EMETERY OR CREMATORY | 23d LOCATIO | | LLJ | 31. 1 | ONZON |
| 2.50 | ISPECIFY | 3/23/8 | | Parkw | | CITY OR TO | OWN | | county aland | State |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. Then please remove corbin with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or tem TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

IMPORTANT: If Item 21 is marked or Item 18 shows.

injury, or other troumatic

Burial
24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256 JEGISTRAR'S

MAR 2 2 1982

A STATE OF S STATE STATE STATES A PARTIE OF THE PARTIES OF THE PARTI

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 2 | | 0 | 6 | U. |
|--------|--------|-------|-----|------|----|
| | REG. N | 10. | | | |
| ATE OF | DEATH | MONTH | DAY | YÉAR | 21 |

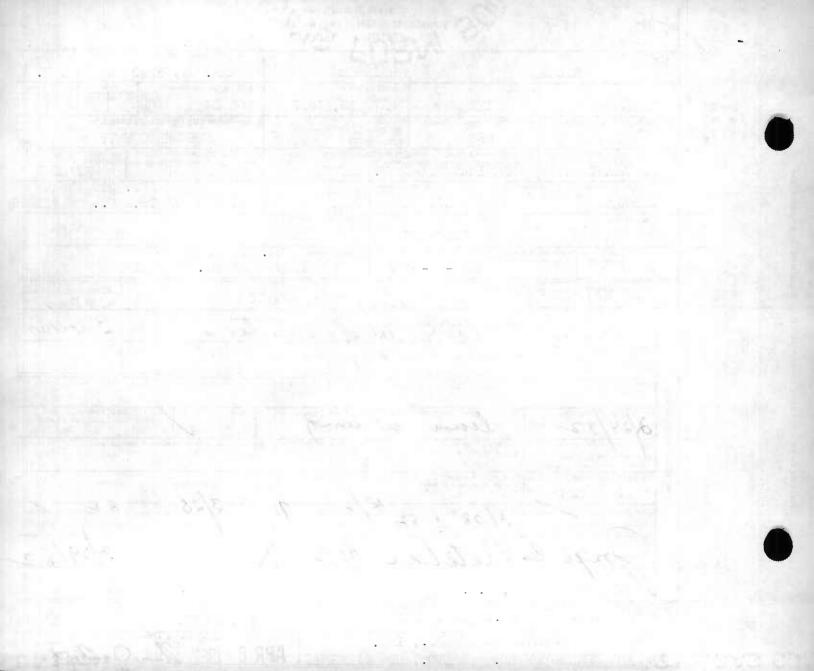
| | 1 - | FOR STATE REGISTRAR | DEPARTM | | EALTH AND N | | ENE 8 2 REG. N | 0 | 60 | 4 9 |
|---------|---------------|--|---|-------------------|---------------|-----------------|--------------------------|------------------|-----------------------------------|----------------------------|
| ı | 1. DEC | CEASED NAME FIRST | , MIDDLE | | LAST | | 20. DATE OF DEATH | | DAY YEAR 7h | HOUR |
| | | OR PRINT) | D | , | 2-0- | | THE OF BEATT | 2 - | 20 | 230 |
| | | PEARL | F* | u | DEBS | | | D- C | 21.00 | PM |
| | 3. SEX | - | RACE | 5. DATE (| | YEAR | 6 AGE (IN YEARS LAST BIR | | | UNDER 24 HRS |
| ì | 1 | | WHITE | 11 | 18 | 92 | 89 | YRS. | | |
| | Jan Bil | RTHPLACE (STATE OR FOREIGN 76 | CITIZEN OF WHAT COUNTRY? | 8 | - Dayson | | BALTIMORE CITY | R COUNTY | OF DEATH | |
| 1 | N | 1 DRVI QUID | 4.5. | WIDOWI | D NEVER M | ORCED | RAITIA | 10RE | co. | |
| (Market | 10. CT | TY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSIN | | | | 120 USUAL OCCUPAT | | 12b, KIND OF B | MD. |
|) | 0 | ALTI DADAT | (IF NOT IN SUCH FACILITY, GIVE STREET | ADDRESS) | 1111 | | (TYPE OF WORK FOR MOST O | F WORKING LIFE | E) INDUSTRY | |
| | 0 | AL RESIDENCE (IF NURSING HOME OR OT | THER INSTITUTION GIVE RESIDENCE BEFORE | 5 / | KUXIC | N | HOWEW | akeb | HOW | 15 |
| 1 | 13a S | TATE | Y 13c. CITY OR TOW | | 134 INSIDE CI | TY LIMITS? | 13e. STREET ADDRESS | / | | |
| > | 1 | BALT, Ma | BALT | | YES X | NO 🗆 | 615 | No Ki | INWOO. | D |
| | 14 FA | THER'S NAME | | | 15. MOTHER'S | MAIDEN NAM | | | | |
| 1 | | JOHN P | DDLE LAST | Ann | AI | ETT/ | MIDDLE | | LAST | n |
| | 16a W | AS DECEASED EVER IN U.S. ARME | ED FORCES? 166 SOCIAL SECUI | RITY NO. | 17 INFORMAL | | ADDRI | 55 | 11EF | |
| 2 | (1 | | WAR OR DATES) | 5506 | An Jon | St. an | talely man | an - 31 | 44 Wen | J. Care. |
| - | | NO - | | | 1 | -1001 | | | 11.000 | 00000 |
| | 31 | 18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED | one couse per line for (a), (b), and | (0) | | | | | BETWEEN ONS | E INTERVAL ET AND DEATH |
| | 101 | IMMEDIATE | | ape | ma | | | | | |
| | | 2848 | DUE TO, OR AS A CONSCOUR | NCE OF | | 1 | 5 | | | |
| | | Conditions, if ony, which | (b) Yeare | me | will | 0- 4 | aulure | | | |
| | - | gave rise to immediate cause (a), stating the | } | | | 0 | SHUDDIN | | | |
| | 1 | underlying couse last. | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | |
| | £υ | DART O OTHER SIGNISIS WAT CO | (c) | 5 4 T () D () T | | | | | | |
| | z | PART 2 OTHER SIGNIFICANT CO | NOTITIONS CONTRIBUTING TO D | EATH BUT | NOTRELATED | TO THE TERMIN | NAL DISEASE OR CON | DITION GIVE | EN IN PART TO | |
| | CERTIFICATION | in a record or control | Transcription and the second | | | | | | | |
| P | ICA | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | N WAS PERFOR | RWED | 200 AUTOPSY? | IN CERTIF | , WERE FINDINGS YING CAUSES OF | USED DEATH? |
| | RTIF | | | | | | YES NO | YES | 1 0 | NO 🗆 |
| H | E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH DA | V VEAD | 21c. HOW INJ | URY OCCURRE | D (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART ?) | |
| | AL | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | | | | | | |
| ı | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 17 | 21f. LOCATIO | Ν | | | | |
| | ¥ | WHILE NOT WHILE | (AT HOME STREET, FACTORY OFFICE, FA | RM, ETC) | STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | AT WORK | | | | | | | | |
| | | 22a. I certify that (I) (this hospital saw the deceased alive on | l) attended the deceased from | | 1.1 4. 4. 1. | . 19 | , to | | 19, that | , , , , |
| | | obove, (I) (we) (did) (did not) v | view the body after death. | | | our) opinion de | eoth occurred on the d | ote and hour | ond from the cou | ses stoted |
| | | 22b. SIGNATURE | | | DEGREE | | | | 22c. DATE SIG | |
| | | m. Isabelle | machea | n i | 7. D A | HYSICIAN X | MEDICAL STAI | IAN | 4.2. | 82 |
| | 0.71 | 22d. PHYSICIAN'S NAME (TYPE OR PI | RINT) | | 22e ADDRESS | - | Marie Control | | | |
| | | M. ISABELLE | MACGREGO. | R | 11E. | CHASE | ST. BAL | TIMO | RE.MA | 21207 |
| | 23a P | URIAL, CREMATION, REMOVAL | | | | | | | 7,1,9 | 0.002 |
| | 23a. B | SPECIFY) . | 11 2 10 | | EMETERY OR C | ~ | 23d LOCATION | 1 | COUNTY | STATE |
| | - | DURIAL | 15 Pe - C.1 | ARDE | NS OF | I-AITH | - | | VD. | |
| | Z FU | NERAL DIRECTOR | | | | 25a DATE | REC'D. BY REGISTRAR | 25b. REGISTE | RAR'S SIGNATURE | |

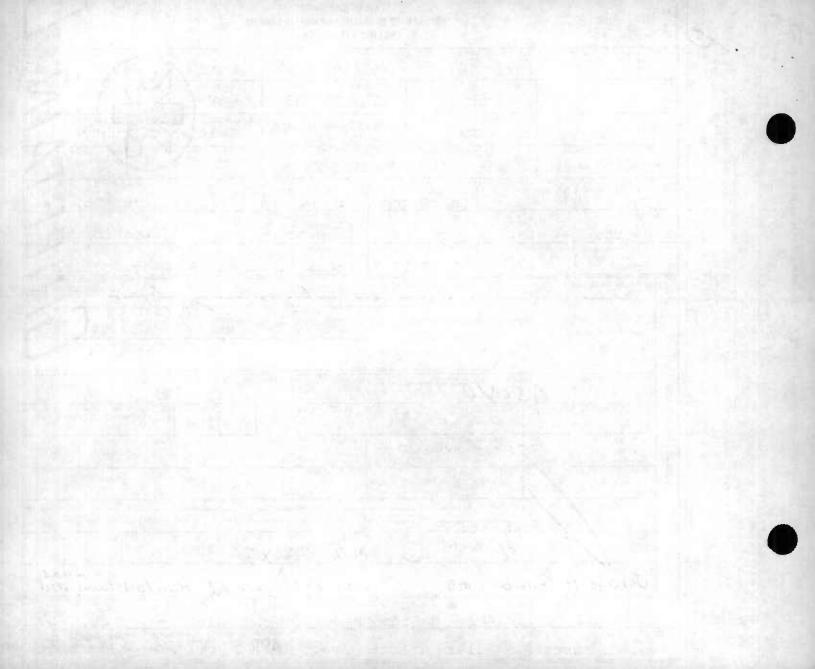
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60 BYLLDIA SERVE STATE IN SEC. AS LONGON THE PARTY OF THE P THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

| | FOR STATE REGISTRAR | DEPAR | TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | YGIENE 👸 💪 | 0 6 3 5 3 |
|--|---|---|--|--|---|
| | 1 DECEASED NAME FRST | WIDDLE | LAST | 24. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| ay be bage 3 death | (TYPE OR PRINT) LIL | LIAN | WEINBERG | MAR. 28, 198 | 82 8 P. M |
| 4 may | 3 SEX | 4 RACE | S. DATE OF BIRTH | 4 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER LYEAR IF UNDER 24 HRS |
| age | FEMALE | WHITE | MAY 15°, 1897 | 84 YRS | |
| death. B | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY). RUSSIA | USA | MARRIED NEVER MARRIED C | BALTIMORE C | |
| urs after by the ed with | RANDALLSTOWN | 11. NAME OF HOSPITAL, NURS (# NOT IN SUCH FACILITY, GIVE STRE RANDALLS TOWN | ING HOME OR OTHER INSTITUTION ET ADDRESSI CONV. CENTER | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE | LIFE) 126, KIND OF BUSINESS OR AT HOME |
| hin 24 ho | USUAL RESIDENCE (# NURSING HO 130. STATE MARYLAND | ON OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 136, CITY OR TO BALTIM | ORE 134 INSIDE CITY LIMITS? | 130. STREET ADDRESS AP 5900 PARK HTS | PT. 210 S. AVE. #21215 |
| makyl. | 14 FATHER'S NAME PRSI UKNOWN | MIDDLE FEINBE | | MIDDLE | UNKNÖWN |
| e be exect an and co | 140 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES | ARMED FORCES? GME WAR OR DATES) 166 SOCIAL SEC. 216-01- | | R. LAWRENG®™BŁUM W GLEN DR. #21 | 209 |
| ST., BALT | | er only one couse per line for (a), Iby USED BY: DIATE CAUSE (III) | untry failer | re | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 214 U.S. |
| is that the death or by the attending se remove carbon al, cremation, or ref., or other traumat | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQ | letige nella | ilacis | 3 months |
| w require no signed Then plea in to buri | | NT CONDITIONS CONTRIBUTING TO | O DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION G | IVEN IN PART 1(a) |
| N: The land. N: The land. Dermit. Jiene prior S shows a | 190 DATE OF OPERATION 24/82 11/4 ACCORPT WAS UNDERSTORE | 196 CONDIDION FOR WHICE | LO PERATION WE PERFORMED | IN CERT | ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO |
| DING PHYSICIAN: The law rettending physician. After this certificate has been signed by an and Mental Hygiene prior to marked or Item 18 shows any items. | CA CONTRIBUTIONS TO CAUSE OF | DEATH HOUR A.M. MONTH | DAY YEAR | JRRED (ENTER NATURE OF INJURY IN ITEM 18 | , PARI 1 OR PARI 2) |
| OING PH Itending I After thi I the buri I h and Mi marked o | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | / | CITY OF TOWN | COUNTY STATE |
| ATTENIII or at a corror use as of Health | 22a certify that (I) (this h saw the deceased alive | aspital) attended the deceased from | 82 grid that in (my) (our) opinio | toto | our and from the causes stated |
| TAL UR the hosp AL DIR! etached f ate Dept. | SIGNATURE | e Matel | DEGREE MITENDING | MEDICAL STAFF | 3/29/82 |
| TO HOSPITAL retained by the I TO FUNERAL I should be detact with the State D IMPORTANT: I | JOSEPH M | ATCHAR, M.D. | 22e ADDRESS / 3635 0 | LD COURT RD. | #21/208 |
| BP | 230. BURIAL, CREMATION, REMO (SPECIFY) BURIAL | MAR.30,1982 | CHIZUK AMUNO | BALTIMORE | COUNTY MARY LAND |
| 72 Phmh-16 25M | 24 FUNERAL DIRECTOR SOL | LEVINSON & BROS. | , INC. 25. D | ATE REC'D. BY REGISTRAR 256 REGIS | STRAR'S SIGNATURE |
| (VRA 15, 4) 1/79 | 6010 REISTERS | TOWN RD. BALTO. | , MD 21215 A | PR 8 1982 Fran | u Janlaston |

STATE OF MARYLAND





TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

| | | FOR | | DEPARTA | MENT OF E | EALTH AND MENTAL HYG | HENE R | 2 1 | for 1 in |
|---|-----------------------|--|--|---|---|---|---|--|---|
| | 1: | - STATE REGISTRAR | | PEI ARTI | | ICATE OF DEATH | REG. N | 0 | 0 0 0 |
| | | CEASED NAME FIRST | | MIDDLE | | LAST | 20. DATE OF DEATH | MONTH DA | Y YEAR 26 HC |
| | [TYPE | Bern. | ice Bu | ckingham | | Welsh | March 3 | , 1982 | 2 2 |
| | 3. SE | × Female | 4. RACE Whi | te | S. DATE O | H DAY YEAR | 6. AGE JIN YEARS LAST BIR | THDAY) IF | FUNDER I YEAR IF UNDI |
| | 7 - D | IRTHPLACE (STATE OR FOREIGN | | | | 00 1900 | 8 | YRS | 4 25 |
| 35 | 4 | country) | U.S | · A . | MARRIE | D NEVER MARRIED | Baltimore City of | _ | |
| 90 | | ity or town of DEATH andalls town | 11. NAME OF RANGE | UCH FACILITY, GIVE STREET | ADDRESS) | or other institution alescent Cer | 126 USUAL OCCUPAT | ION | 126. KIND OF BUSIN |
| be | U5U. | AL RESIDENCE (IF NURSING HON | | N GIVE RESIDENCE BEFORE | E ADMISSION) | | | | 1 |
| 35 | Ma | aryland Ca | arroll | Mt. Ai | | | Gillis | Falls | Rd. |
| E A | 14. FA | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | MIDDLE | | LASI |
| 200 | | Otis | В. | Bucking | | Ella | May | | Harrison |
| Z medicol | | VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE | ARMED FORCES? | 212-62- | | Rita W. Ni | kirk, 451 | I'll U . | Airy, Mo kory Lan |
| t, th | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | r anly ane cause p | er line far (a), (b), an | id (c).) | | | | APPROXIMATE INT |
| even | | IMME | DIATE CAUSE (a)_ | Chronic h | neart | failure | | | 1 mont |
| t ier | | gave rise to immediate cause (a), stating the | | | | | | | |
| ury, or oth | 7 | underlying cause last | (c)_ | | clerot | cic cardiovaso | | | 10 yrs |
| ws any injury, or ath | IFICATION | underlying cause last | (c)_ NT CONDITIONS (| Arterioso | Clerot DEATH BUT | | INAL DISEASE OR CON | 206. IF YES, IN CERTIFYI | WERE FINDINGS USI |
| em 18 shaws any injury, or ath | AL CERTIFICATION | PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O | (c)_ NT CONDITIONS S 19b. CON 19b. CON 10b. CON 10b. CON 10b. CON | Arterios CONTRIBUTING TO I DITION FOR WHICH OF INJURY A.M. MONTH DA | CLETOT DEATH BUT OPERATIO AY YEAR | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 206. IF YES, YIN CERTIFYI | WERE FINDINGS USING CAUSES OF DEA |
| rked or Hem 18 shows any injury, or ath | MEDICAL CERTIFICATION | PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | IPB. CON 19b. CON 19b. CON 21b. TIME HOUR 21e. PLACI | Arterios CONTRIBUTING TO B DITION FOR WHICH OF INJURY | Clerot DEATH BUT OPERATIO AY YEAR 19 | NOT RELATED TO THE TERM | 200 AUTOPSY? YES NO | 206. IF YES, IN CERTIFYI YES | WERE FINDINGS USING CAUSES OF DEA |
| 21 is marked or Hem 18 shows any injury, or oth | | Underlying cause last PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (1) (this h sow the deceased alive | IPB. CON IPB | Arterios CONTRIBUTING TO S DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, F | OPERATIO AY YEAR 19 FARM.ETC) | NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU | 20b. IF YES, VIN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDINGS USING CAUSES OF DEFINO (1) OR PART 2) |
| IT: If them 21 is marked ar them 18 shaws any injury, or ath | | Underlying cause last PART 2. OTHER SIGNIFICA 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this h sow the deceased alive abave, (I) (we) (did) (di 22b. SIGNATURE | TONDITIONS (IP) CONDITIONS (IP | Arterios CONTRIBUTING TO S DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, F | OPERATIO AY YEAR 19 FARM.ETC) 20th | NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURE 216. LOCATION STREET Parameter 19 82 and that in (my) (aur) apinion of | 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU | 20b IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR | WERE FINDINGS USING CAUSES OF DEFINO (1) OR PART 2) |
| IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ash | MEDICAL | Underlying cause last PART 2. OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK 220 I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di | IPE OR PRINT) (c) | Arterios CONTRIBUTING TO S DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E E OF INJURY STREET, FACTORY, OFFICE, F Ly after death. | OPERATIO AY YEAR 19 FARM.EIC) 20th , qi | NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURF 216. LOCATION STREET Ph , 19 82 And that in (my) (our) apinion of the ATTENDING PHYSICIAN 1226 ADDRESS | 200 AUTOPSY? YES NO CITY OR TO to 10 Mar. No 10 Mar. No 10 Mar. No 10 Mar. No 10 Mar. | 20b. IF YES, IN CERTIFY! YES RY IN ITEM 18. PAR wn | WERE FINDINGS USING CAUSES OF DEA NO IT) OR PART 2) COUNTY 282 , that (I) and from the causes s 22c. DATE SIGNED 3 MAR 82 |

DHMH-16 30M 2/80 (VRA 15, 4)

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etained by the haspital or attending physician.

TROLL THOTAK IN METAL MAINTING AGAINST to the second of newigner of the contract of th The contract of the contract o of Horney, partoll. Do. . M. office del . . at. watered Treat must be forified at once

injury, or ather traumatic event, the

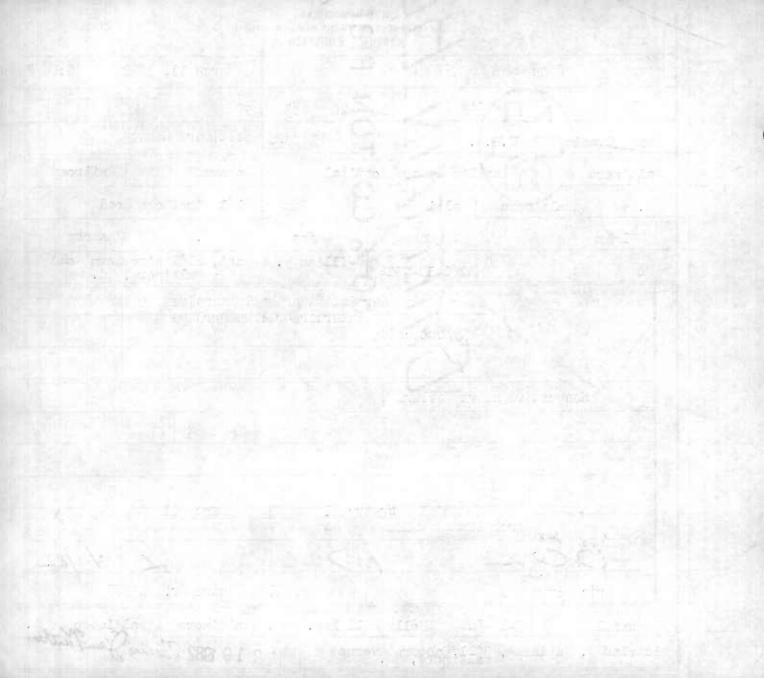
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 6 0

| | | FOR STATE REGISTRAR | | DEPART | | HEALTH AND MENTAL HYC FICATE OF DEATH | GIENE 💆 🚄 | 10. | 6 | 0 5 3 |
|-----|---------------|---|--|---|--------------------------|---|--------------------------------|------------------------------|----------------|----------------------------|
| | | CEASED NAME FIRST Johr | | WEYANT | | last | March 1 | 1, 1982 | | 4:50 P |
| | | Male | 4. RACE Whi | | 5 DATE O | | 6. AGE (IN YEARS LAST BI | YRS. | F UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| - | P | ennsylvania | U.S.A | | MARRIE | | Baltimore | County | y Y | MD. |
| 1 | В | Baltimore | Frank | Tin Squa | re Ho | or other institution spital | 12a USUAL OCCUPAT | ION OF WORKING LIFE) | 12b. KIND C | road |
| - | 13a S | AL RESIDENCE IF MURSING HOME OR STATE Id. Balti | other institution TY more | Baltimo | E ADMISSION) VN re | 13d. INSIDE CITY LIMITS? | 13 2161 APTES | thorn I | Road | |
| 1 | 14. FA | EImer | AIDDLE | Weyant | | 15. MOTHER'S MAIDEN NA Emma | ME E IDDIE | | Shann | ibn |
| | 16a V | VAS DECEASED EVER IN U.S. ARA S NO OR UNKNOWN) (IF YES, GIVE NO | MED FORCES? WAR OR DATES) | 166 SOCIAL SECU A161-12- | | "William H. | Weyant, 276 Bal | Ts Fire timore | thorn . | Road |
| | Z | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last | DUE TO, O (b) DUE TO, O (c) ONDITIONS CO | R AN A CONSEQUI | NSTON ENCE OF | Intercerebra | 1 hemorrhag | е | N IN PART 1(| 01 |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | | | | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, YES IN CERTIFY! | WERE FINDIN | NGS USED OF DEATH? |
| | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTHER MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (X) (this hospital) | P., 21e. PLACE (AT HOME, STR | M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F | Febru | 216. LOCATION STREET ary 21 at that in (a) (ldur) opinion of | cliv or ic | 11 , 15 | COUNTY | STATE that (X(we) lost |
| | | OBOVE, VIWE (did) ON ME 27% SIGNATURE 274 PHYSICIAN'S NAME (THE OB) Brian Egan | Cont.) | after death. | | ATTENDING PHYSICIAN [226 ADDRESS 9000 Frank] | MEDICAL STA DIRECTOR PHYSIC | FF | 220 DATE | |
| 100 | 23a B | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 3-15-8 | | | EMETERY OR CREMATORY ill Mem. Gar. | Baltimore | Ba | Itimor | y Md. |

DHMH - 16 50M 1/B1 (VRA 15, 4)

Nicholas T. Matthews, 3021 Eastern Avenue Baltimore, Md.



ector, page 3

STATE OF MARYLAND

| 7 | 1 | FOR STATE REGISTRAR | DEPAR | | EALTH AND MENTAL HYG | REG. N | U | 6 |) 3 |
|----|---------------|--|--|----------------|---|---------------------------|--------------------|--------------------|----------------------------------|
| 1 | | CEASED NAME FIRST | MIDDLE | | AST | 20 DATE OF DEATH | MONTH DAT | YEAR | 26 HOUR |
| 1 | (TYPE | HEORY | J. 1 | 115UR | H | MORCH | 9 1999 | 1 | a. 11A. |
| | 3 SE) | (| 4 RACE | 5. DATE O | OF BIRTH | 6. AGE (IN YEARS LAST BI | | UNDERTYEAR | IF UNDER 24 HRS |
| | 5 | IAL 2 | WHITE | MAG | | 96 | YRS | NIHS DAYS | HOURS MIN. |
| 20 | | RTHPLACE STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 | | 9 BALTIMORE CITY | | FDEATH | |
| 6 | 000 | ARYLADO | U.S.A. | WIDOW | D NEVER MARRIED DIVORCED | BALTIM | RS CO | TOUCE | y MD |
| 2 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR! | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR |
| 10 | T | owson | VALLEY VIEW | NURS | 3moHome | STOCK CL | S RK | NDUSTRY NS 1125 | AMERICA |
| 50 | 13a S | AL RESIDENCE (IF NURSING HOME OR I | OTHER INSTITUTION GIVE RESIDENCE BEF | ORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| 0 | ME | ARYLAND BALT | imore PARKY | JL, | YES NO Y | 30091 | -AVES | 102R | AVS. |
| 7 | 14 FA | THER'S NAME | AIDDLE LAST | 100 | 15. MOTHER'S MAIDEN NA | ME MIDDLE | | - 145 | |
| 36 | 1 | John H. | WEYR | icH | ADDA | M. | | BRAI | JER |
| 8 | | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDR | ESS | | |
| | | No | 216 09 | 6322 | FAMIL | 1 RECORD | 5 | | |
| | | 18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED | y one cause per line far (a), (b), | and ICI.T | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | | E CAUSE (a) [MO. | umane | a | | | | |
| | Te | 4280 | DUE TO, OR AS A CONSEC | UENCE OF | 7 1 | 0 / 70 | Ī | | |
| | | Conditions, if ony, which | (b) | (0 | ngestue) | tearn ga | lure | | |
| | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEC | UENCE OF | | | | | |
| | | | (c) | | | | | | |
| | NO | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN | IN PART 10 | a |
| 0 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V | VERE FINDIN | NGS USED |
| 1 | TIF | | | | | YES NO | YES | | OF DEATH? |
| Ö | | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART | I OR PART 2) | |
| 4 | CAL | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL FXAMINER) | ,,, | 19 | | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY | F FARM FIC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | < | AT WORK NOT WHILE | | 2,774 | L L | | - 0 | | |
| | | 220.1 certify that (I) (thus hosput | March 12 12 | (Can /) | 1312 1981 | _ to Plane | , 19 | | that (I) (we) last |
| | | saw the deceased alive an above, (I) (we) (did) (did nat | | | nd that in (my) (our) apinian | death occurred on the d | ate ond hour a | | |
| | | 22b. SIGNATURE | | - | DEGREE ATTENDING | MEDICAL STA | FF | 22c. DATE | SIGNED . |
| | | 22d PHYSICIAN NAME ITYPE OR | Sunn | 12 | PHYSICIAN [| DIRECTOR PHYSIC | | 13/1 | 9/52 |
| | | CO V . | PKINI) | | 22e ADDRESS | | - | | . 000 |
| | - | UK. KEVIN | avina | | 11902 JOB | N KOAD, | MOI | 1106 | 1110. |
| | 0 | URIAL, CREMATION, REMOVAL | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | (| OUNTY | STATE |
| | | SORIAL INERAL DIRECTOR | 13-20-1982 | Loupo | A TARK | E REC'D. BY REGISTRAR | | 1 16 | ARYLAND |
| | | NAME FLOSPAI | (UAPT) RADDRESS | 1100= | TOO ROOMADO | _ 0 | ZJE. KIPOJSTKA | 76.7 | han- |

8800 HARFORD ROAMAR 29 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or ather traumotic event, the medical examiner must be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remayol.

SEE DO CAME OF DESCRIPTION OF THE PROPERTY OF

rector, page 3

er froumotic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 3 | | 0 | Ja | 13 | 7 | |
|---|----------|----|----|----|---|--|
| O | 600 | () | V | 4/ | ~ | |
| | REG. NO. | | | | | |

| X | 1. | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. NO | | | | |
|----|---------------|--|---------------------------|------------------|----------------------------------|-----------------|--|---|-------------------|------------------------|---------------------------------|---------|
| | | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | i | A51 | | MONTH DA | AY YEAR | 26 HOUF | R |
| 1 | (1117) | (A | RRIL | | | WHEX | 97 | .3 | 11 | 1,82 | 235 | n M |
| | 3 SE | х | | RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | | |
| | | 1-emale | | white | | | ril 19, 1896 | | 35 YRS. | JNIHS DAYS | HOURS | MIN. |
| 26 | | IRTHPLACE (STATE OR | FOREIGN | b. CITIZEN OF | WHAT COUNT | RY? 8. | D NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | | V |
| 2 | | Maryland | | U.S.A | | WIDOWE | | Balto. Con | inty | | | MD. |
| 5 | 1 | Randallsto | own | Balto. | County | General | Hospital | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake) | F WORKING LIFE | 12b. KIND INDUSTRY | OF BUSINES | SSOR |
| 5 | 13a S ML | AL RESIDENCE (# NUR: STATE) | 136 COUN Balt | TY | 130 CITY OR T Granit | OWN | | 13. SIREET ADDRESS 10510 Old | d Cour | t Rd. | | |
| 20 | 14. FA | ATHER'S NAME | ٨ | NIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | | | S.T | |
| X | | Henry | W. | | Ironmor | iger | Molly | Moore | | Brask | ears | |
| 1 | | WAS DECEASED EVER | | MED FORCES? | 16h SOCIALS | | 17 INFORMANT | | Abbie | | | |
| 1 | | Vo | | | 217-50 | -4479 | Mr. Mervin | Wheat Balt | more, | Md. 2 | 1207 | |
| | Z | underlying couse | mediate ng the last | (c) | HY PO | QUENCE OF | AL RYTHM SION NOT RELATED TO THE TERMI | | DITION GIVE | N IN PART 1 | 10 | |
| | 110 | SEPIIC | AER | 719 | | | | | | | 12 | - 10- |
| 9 | CERTIFICATION | 19a DATE OF OPERA | | | | ICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NO | IN CERTIFY YES | WERE FIND ING CAUSE | INGS USED S OF DEATH NO [| H? |
| 7 | | 210 ACCIDENT WAS UNI | CAUSE OF DEAT | HOUR A | M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PAR | RT OR PART 2) | | 3 |
| | MEDICAL | 21d. INJURY OCCUR | TILE | 21e. PLACE (| OF INJURY BEET, FACTORY, OFFI | CE, FARM, ETC J | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | 51 | ATE |
| | | 220.1 certify that (1) | | ol) attended the | e deceased fro | m | | , to | | 9 | that (I) (w | e) lost |
| | | saw the decease | ed alive an | view the body | after death. | or | nd that in (my) (our) opinion d | death occurred on the do | te and hour | and from the | couses stat | ted |
| | | Hofee | 2-2 | Si | dell | , | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | FIAN | 3/1 | SIGNED | _ |
| | | 228 PHYSICIAN'S NO | ME ITWEOR | PRINT) | | | 22e ADDRESS | | | 7 | | |
| | 02 0 | HAFE | E2 | AJ | SYED | (נימ | BALTIMON | RE CALL | NIY | BEN | 1 40 | SP. |
| | | BURIAL, CREMATION, (SPECIFY) Burial | KEMOVAL | 3/17/8 | | | ve Cemetery | Randalls | toun I | Balto. | M | 77 |
| | | Dul-ul | | 10/11/0 | 1 | 10. 000 | de delle det à | Thur mu D D B | www. | avov. | 13. | _ |

DHMH - 16 50M 1/81 (VRA 15, 4)

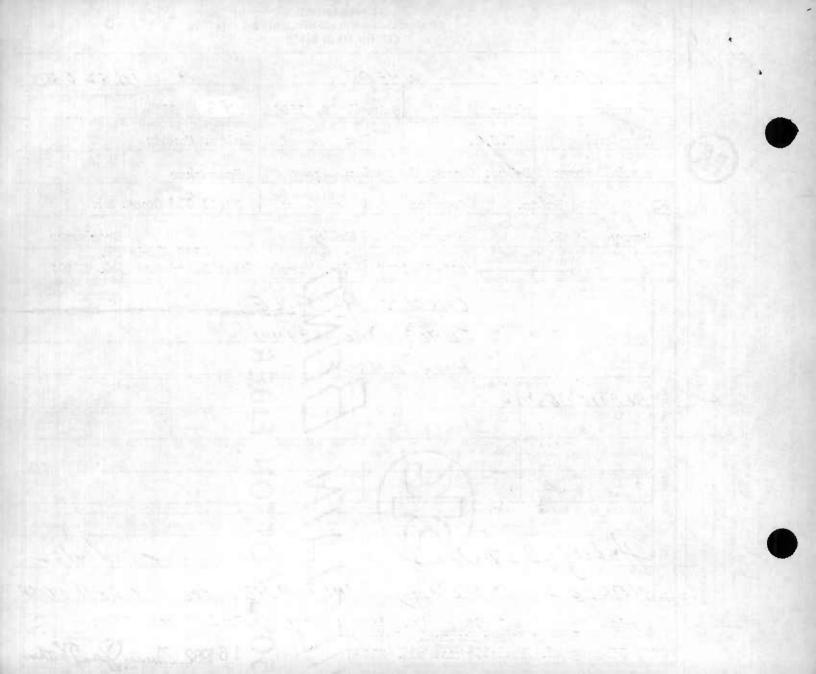
BP

O FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

8728 Liberty Rd. Randallstown, Md. 21133

1250. DATE REC'D. BY REGISTRAR 256. REGISTBAR WITH NOTE OF THE PROPERTY OF THE



| 1 | | 1 | | | | S | TATE OF MARYLAND | | | | |
|--|---------------|---------------|---|-----------------------------------|----------------------|------------------------|---------------------------|-------------------|---------------------------------------|------------------------------------|----------------------|
| 6 | | 1 | FOR STATE | | | | F HEALTH AND MENTA | | 3 | 0 5 . | 5 5 |
| | | | REGISTRAR | | | CER | TIFICATE OF DEATH | | REG. NO. | | |
| - | 4 | | CEASED NAME | FIRST | WIDDLE | | LAST | 2e. DATE | OF DEATH MONTH | GAY YEAR | 26. HOUR |
| 6 | 1 | , | | SHUA | BART | ON | WHITEFORD | 3 | - 1-1 | 982 | 8:41 PM |
| IN | U.S. | 3. SE | | 4 RACE | | 5. DA | TE OF BIRTH | | IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEA | |
| | | | MALE | 6 | JHITE | ^ | 1 - 28 - 190 | | , v | RS MONTHS GAY | S HOURS MIN |
| Po dir | 807 | 7e B | RTHPLACE (STATE OR FOR | EIGN 76 CITIZ | ZEN OF WHAT C | OUNTRY? 8 | RIED NEVER MARRIE | 9 BALTI | MORE CITY OR COL | JNTY OF DEATH | |
| nero nn 72 | 5 | | DARYLAND | 4. | U.S.A. | | OWED DIVORCE | 76 | BALTIMOR | E Cour | NTV MD |
| ifter d the fu | Ped | 10 C | TY OR TOWN OF DEAT | | | AL, NURSING HO | ME OR OTHER INSTITUTION | | ALOCCUPATION VORK FOR MOST OF WORK | 12b. KIND | OF BUSINESS OR |
| by th | () () | | Towson | | | - | LED. CENTE | | BARER | Pape | |
| 212 hour hour | t pe | USU 13g. | AL RESIDENCE (IF NURSIN | G HOME OR OTHER IN: | STITUTION, GIVE RESI | DENCE BEFORE ADMISS | ON) 13d INSIDE CITY LIMI | | ET ADDRESS | | |
| ND 2 24 h filled auld b | The second | | | BALTIMO | | TE HALL | YES NO NO | | | DITH RE | 0 |
| ryLA | in the second | | THER'S NAME | | KL TOOK | | 15 MOTHER'S MAIDE | | | | |
| MAR ed w pnd | 10x 3(| | NELSON | MIDDLE | 1,11 | HITEFORT | FIRST | | MIDDLE | 1,000 | AST |
| E Co | 0 | 16a \ | VAS DECEASED EVER IN | | RCES? 166 SO | CIAL SECURITY N | |) E | ADDRESS | 1/21415 | TON |
| BALTIMORE of be exect sician and of | nedicol | (| 6 0 - | IF YES, GIVE WAR OR [| | 30-01 | C R Man - | n 1 1 | | | |
| e be | e e | = | NO | | | | 19 B. MARGUE | KITE WH | ITEFORD U | UNITE HAL | LL MD |
| B. B | tu . | 7 | 18 CAUSE OF DEATH PART I. DEATH WA | (Enter only one co S CAUSED BY | ause per line far | (a), (b), and (c) | m | 0:0 | D. L. A | BETWEEN | N ONSET AND DEATH |
| IST. | , e | | 11 | MMEDIATE CAUS | E (a) | Men | - Myoca | ackeny | organica | 1 | M. |
| PRESTON he death co | ton. | | 4100 | DU | E TO, OR AS A | CONSEQUENCE | 1. 41. | | 0 | | |
| RES dec dec dec dec dec dec dec de | 0 | | Conditions, if any, a gave rise to imme | | (b) | AS. 14 | eart als | ease | | 10 | un. |
| | heri | | cause (a), stating underlying cause | the DU | E TO, OR AS A C | ONSPOUENCE | F 1- 14- | -10- | t- M. 2 - | CA | 1 |
| 201 W | to ic | | onderlying cause | last | (c) | Dener | allyet HS | & Cent | in nexion | sylvey 10 | you. |
| 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2 | Jry. | 7 | PART 2 OTHER SIGNI | FICANT CONDIT | IONS CONTRIBL | JTING TO DEATH | BUT NOT RELATED TO THE | TERMINAL DISE | ASE OR CONDITION | GIVEN IN PART | 1 |
| RECORDS low requests been security. The | | CERTIFICATION | | | | | | | | | |
| S be | . 6 | OA | 19a DATE OF OPERATIO | ON 19b | CONDITION FO | OR WHICH OPERA | TION WAS PERFORMED | 20a AU | JTOPSY? 20b. I | FYES, WERE FIND ERTIFYING CAUSE | INGS USED |
| P P P P P P P P P P P P P P P P P P P | 0 | E | | | | | | YES | | YES 🗌 | NO 🗌 |
| IAN: T physici rificate | 00 | W | 21a. ACCIDENT WAS UNDER | | TIME OF INJUR | | 21c. HOW INJURY O | CCURRED (ENTER | NATURE OF INJURY IN ITE | 4 18, PART 1 OR PART 2) | |
| ICIA Gertiff Gertiff | e l | N N | OR CONTRIBUTING CAL | | P.M. | | 9 | | | | |
| HYS ndin his c | ä | MEDICAL | 21d. INJURY OCCURRE | | PLACE OF INJU | | 211. LOCATION | 2044257 | CITY OF TOWN | COUNTY | |
| DIVISION OF NG PHYSICIA of ther this certificate of the ordinal-incomplete or | rked | Σ | WHILE AT WORK AT WORK | | HOME, SIKEET, PACE | ORY, OFFICE, FARM, ETC |) SIREE! | | CITY OR TOWN | COUNTY | STATE |
| 00 000 | e E | | 22a.1 certify that (I) (t | his haspital) atte | nded the decep | sed fram | Tung 19 a | 50 to | mar | 10.82 | , that (I) (we) last |
| ATTEN Sspitol CCTOR: d for us | 21 is | 100 | sow the deceased | alive on | masel | 2-26-82 | and that in (my) (aur) ap | oinion death occu | rred an the date one | haur and fram th | e couses stoted |
| | E | | abave, (1) (we) (dia 22b. SIGNATURE | 1) (did nat) view # | he bog of de | oth | DEGREE | | 7/2 | | E SIGNED |
| the higher troche | = | | 110:01 | Più mel | AT | - Al | ATTENDI | ING MEDICA | AL STAFF | 0 | 1-87 |
| by by ERA | Z- | | 22d. PHYSICIAN'S NAM | AE (TYPE OF PRINT) | <u> </u> | eecon | 220 ADDRESS | IAN DIRECTO | OR PHYSICIAN | 10. | 7-02 |
| HOSPI Pined b | PORTAN | | n/. 11 a | | OF | Hann | 11 1/5 | 1.1. A | in Str. | · vantat | man P |
| | WPC | 0.5 | 11/1/10 | m (| 110 | HONN | 4 21.10 | LON 11 | ve o ree | 0011510 | in 1/0, |
| 0000 | | 23a. l | URIAL, CREMATION, RE | MOVAL 23b. D | | Z3c. NAME C | F CEMETERY OR CREMAT | ORY 23d. LC | CATION TY OR TOWN | COUNTY | STATE |
| BP | - | 24.5 | BURIAL | 3 | 5-82 | WEST | | | UNITE HAL | | |
| DHMH - 16 50M 7/ (VR A 15 (4)) | 777 | 24 F | INERAL DIRECTOR | 1 | m | ADDRESS | 250 | e. DATE REC'D. B | Y REGISTRAR 25b. RE | GISTRAR'S SIGNA | JURE |
| (AV V 12 (4)) | | | * Manti | mskein | 2. Rells | TROOM | Mm CYA. IN | AAD & | 100% Trans | U. Spelenson | REALIST. |

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| Jick Parenger No. | | APPLAYORS THE METERS | ral sus even |
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| Shaperton 185 | | | |
| Let 10 years | Jan Herry | L. A. SHALL MAN | |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Willey

CERTIFICATE OF DEATH

2n DATE OF DEATH 8 1982 March AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

10114 Fontaine Dr.

5. DATE OF BIRTH MONTH

Sept. 1 1899 MARRIED NEVER MARRIED

WIDOWEDX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

Baltimore County 12b. KIND OF BUSINESS OR

2h HOUR

Valley View Convales cent Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balto. Baltimore Md.

LAST

16b SOCIAL SECURITY NO.

MIDDLE

M

White

76 CITIZEN OF WHAT COUNTRY?

4 FATHER'S NAME MICDLE unknown

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Edna

4. RACE

- STATE

TYPE OR PRINT

SEX

130 STATE

no

REGISTRAR DECEASED NAME

Female

Va.

TO BIRTHPLACE ESTATE OR FOREIGN

IN CITY OR TOWN OF DEATH

17. INFORMANT

NO X

15. MOTHER'S MAIDEN NAME

unknown

13e STREET ADDRESS

82

same address (grandson

288-01-6789 Gary Millhoff APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 19

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

22e ADDRESS

CITY OR TOWN

NO

COUNTY

NO [

STATE

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (I) (this hespital) attended the deceased from .19 12. and that in (my) (am) opinion death accurred an the date and hour and from the couses stated saw the deceased alive on. abave, (1) (westeld) (did not) view the body ofter death 22b SIGNATURE DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

20n AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

22c. DATE SIGNED

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

Marion C. Kowalewski

8604 Harford Road

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Removal

Woodland Cem.

Dayton

CERTIFICATION

a

00

24 FUNERAL PRESTOR FUNERAL HOME, PESS Inc. 3331 Brehms Lane, Balto, Md. 21213

Ohio

DHMH - 16 50M 1/B1 (VRA 15. 4)

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and campletely filled in by the funeral directar.

by the attending physician and ca

IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, or ather traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remayal.

| | | FOR | |
|---|---|-------|--|
| l | - | STATE | |
| | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ਹ | 2 | 0 | 6 | J | 6 | - |
|---|----------|---|---|---|---|---|
| | REG. NO. | | | | | |

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | | |
|-----------------------|--|--|--|--|--|--|---|---|---|---|
| | CEASED NAME | FIRST | MI | IDDLE | U | AST | 20 DATE OF DE | | DAY YEAR | 26 HOUR |
| (HIPE | GL | ORBE | 7 | · W | 1/4/ | AMS SR | | -5 / | 182 | 14/1 |
| 3. SE | X | 4. | RACE | | 5. DATE O | | 6. AGE (IN YEAR | S LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 |
| 1 | M | | WHIT | E | MONTH | 31 1903 | 7 | 8 YRS | MONTHS DATS | HOURS |
| | IRTHPLACE (STATE OF | FOREIGN 76 | CITIZEN OF W | HAT COUNTRY? | 8 | NEVER MARRIED | | CITY OR COUN | TY OF DEATH | |
| 7000 | ELAWARE | | U.S. 1 | 4. | WIDOWE | | BALT | MORE | Co. | |
| | ITY OR TOWN OF DE | | | OSPITAL, NURSIN | G HOME O | OR OTHER INSTITUTION | 120 USUAL OC | CUPATION | 126. KIND (| OF BUSINES |
| RA | ANDALLSTOC | NN. | BALTO | | EN. | HOSP. | RETIRE | R MOST OF WORKING | | NO HOU |
| | AL RESIDENCE (IF NUF | 13L COUNTY | HER INSTITUTION, G | | | 134 INSIDE CITY LIMITS? | | | | |
| | MD. | BALTE | 2. | PIKESVII | | YES NO | 204 SL | | 1. 26 | 208 |
| 14. FA | ATHER'S NAME | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 15 MOTHER'S MAIDEN N | AME | | | - 0 |
| G | EORGE | T. MIL | WIL | LIAMS | | FIRST | KNOW | NIDDLE | LA | ST |
| 160 V | WAS DECEASED EVE | R IN U.S. ARME | D FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| Y | ES NO OR UNKNOWN) | 1920- | 1921 | 213-10-4 | 1917 | MAY B, WIL | LIAMS | (SAME | E) | |
| | 18 CAUSE OF DEA | TH (Enter only) | one couse per la | ine for (a), (b), and | diction | | | | APPROX | ONSET AND DE |
| | PART I. DEATH | WAS CAUSED E | BY: | ORNIE | 20 | AS4571 | IE | | OL TWILE | ON SET AND LA |
| III. | 1161 | IMMEDIATE (| | FIN # 111 | 0 | 1101010 | | | | |
| 551 | 4/6/ | | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | |
| | 1 | | | 000000 | 7 17 - | and I m | 1 | | | |
| | Conditions, if any | y, which | (b)_ | PFSPIR | AI | DRY FA | 1-4R | <i>i</i> - | 0 | |
| | gove rise to im | imediate | | AS A CONSEQUE | PAT. | ORY FA | LUR | <u> </u> | 4 | |
| | gove rise to im | imediate | | PFSPIR AS A CONSEQUE HRONIL | PATI NCE OF | ORY FA | VE PL | EMONA | DRY NI | 3 F.Ae |
| | gove rise to im | nmediate ing the e last. | DUE TO, OR | RFS PIR AS A CONSEQUE HROMI NTRIBUTING TO D | 0 6 | ORY FAI | UE PL | LMONE | ARY AL | SEAS |
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NEWELL FUNERAL HOME PIKESVIllE, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH A

| ND MENTAL HYGIENE OF DEATH | d | Line | | 0 | ó | i | 6 | 1 |
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| PEAIN | | REG. N | 10. | | | | | |
| 20. | DATE OF | DEATH | MONTH | DAY | YE, | A.R | 2b. HOUR | |

| 1 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. | NO | , , | |
|---------------|---|--------------|-------------------|---------------|---------------------|-------------------------------|---------------------------|-------------|---|-----------------|
| | CEASED NAME | FIRST | | MIDDLE | | AST | 20. DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| | | adswo | orth | | W | illiams | March 2 | 9 7 9 8 | 22 | 3:25H |
| 3. SE | | | 4 RACE | 9 | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST | | IF UNDER 1 YEAR | IF UNDER 24 HI |
| | Male | | Whi | te | Feb | | 73 | YRS | | HOURS MI |
| | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | | NTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUN | TY OF DEATH | |
| | Va. | | U.S. | A. | WIDOWE | D DIVORCED [| Balti | more | County | |
| | TY OR TOWN OF DEA | | 11. NAME OF | HOSPITAL, N | URSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPA | | 12h KIND (| Port |
| | Baltimore | | | | oak Ave | nue | Pressma | | | Pres |
| 13a S | AL RESIDENCE (IF NURS | 136 COUN | OTHER INSTITUTION | 13c. CITY O | | 136. INSIDE CITY LIMITS? | 13e STREET ADDRES | S | - | |
| | Md. | Bal | to. | Balt | timore | YES NO TH | 2800 C | henos | k Aver | uie |
| 14. FA | THER'S NAME | | MIDDLE | LA | 451 | 15 MOTHER'S MAIDEN I | NAME MIDDLE | | | LST. |
| | George | | | Will: | iams | Ethel | | | Dil | lard |
| | VAS DECEASED EVER | | MED FORCES? | | L SECURITY NO. | 17 INFORMANT | | RESS | | |
| 8 | no | | | 215- | 01-3364 | Dorothy W | illiams (| wife) | same | addre |
| | 18 CAUSE OF DEAT | H (Enter or | ly one couse per | line for (o). | (b), and (c) | | c 00 | 1 | APPRO: BETWEEN | CIMATE INTERVAL |
| 43 | PARTI. DEATH W | | IE CAUSE (o) | Mil | astatic | Squamore | o all o | 79 | | |
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| | Conditions, if ony, | , which | (b) | N A5 A CO. | .5.002.1.62.01 | | 0 | | 10 33 | |
| | gove rise to imm | mediate | 10,_ | | | | | | | ARCHIOS |
| | underlying cause | | DUE TO, O | R AS A CON | ISEQUENCE OF | | | | | |
| | PART 2 OTHER SIGN | NIFICANT | CONDITIONS CO | ONTRIBUTIN | IG TO DEATH BUT | NOT RELATED TO THE TE | RMINAL DISEASE OR CO | NDITION G | IVEN IN PART 1 | 101 |
| O | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| CERTIFICATION | 190 DATE OF OPERA | TION | 19b. COND | ITION FOR V | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b IF Y | ES, WERE FINDI | NGS USED |
| IFE | 1 | | | | | | YES T NOT | | TIFYING CAUSES | OF DEATH? |
| CER | 21a ACCIDENT WAS UNE | DERLYING [| 216. TIME C | | | 21c HOW INJURY OCC | URRED (ENTER NATURE OF IN | | - Land | 110 |
| | OR CONTRIBUTING | | SIN | | H DAY YEAR | | | | | |
| MEDICAL | 216 INJURY OCCUR | | P. 21e PLACE | | 19 | 211 LOCATION | | | | |
| ME | WHILE NOT WE | HILE | | | OFFICE, FARM, ETC.) | STREET | CITY OR | TOWN | COUNTY | STATE |
| | AT WORK AT WO | | | 1 | , | 2/5/82,0 | | 7/10 | | |
| | 22a.1 certify that (1) sow the decease | | | 3/26 | | nd that in (my) (our) opinion | n dooth convert - the | 1-4 b | | that (I) (we) I |
| | obove, (1) (we) (| did) (did no | t) view the body | after death | | | on death occurred on the | dote ond no | | |
| | 22b. SIGNATURE | | 2/1 | 1/1 | | DEGREE ATTENDING | MEDICAL ST | AFF | 22c DATE | SIGNED |
| | No | rua | 116 | Hal | | PHYSICIAN | | | 3/ | 3//0 2 |
| | 22d. PHYSICIAN'S NA | | | | | 22e ADDRESS | | | | |
| | Dr. | Dav | is Hah | n | | 560 | l Loch Ra | ven F | Blvd. | |
| 23a E | BURIAL, CREMATION | REMOVAL | 236 DAJE | '40 | | EMETERY OR CREMATOR | | | | |
| | SPECIFY)Burial | | 4/1/ | 82 | Parkw | ood | Bailtin | nore | COUNTY | Md . |
| 24 F | Schimune | k Fu | nenal | Homo | Tno | 25a D | ATE REC'D, BY REGISTRA | R 25h REGI | ISTRAR'S SIGNA | TURE |
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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

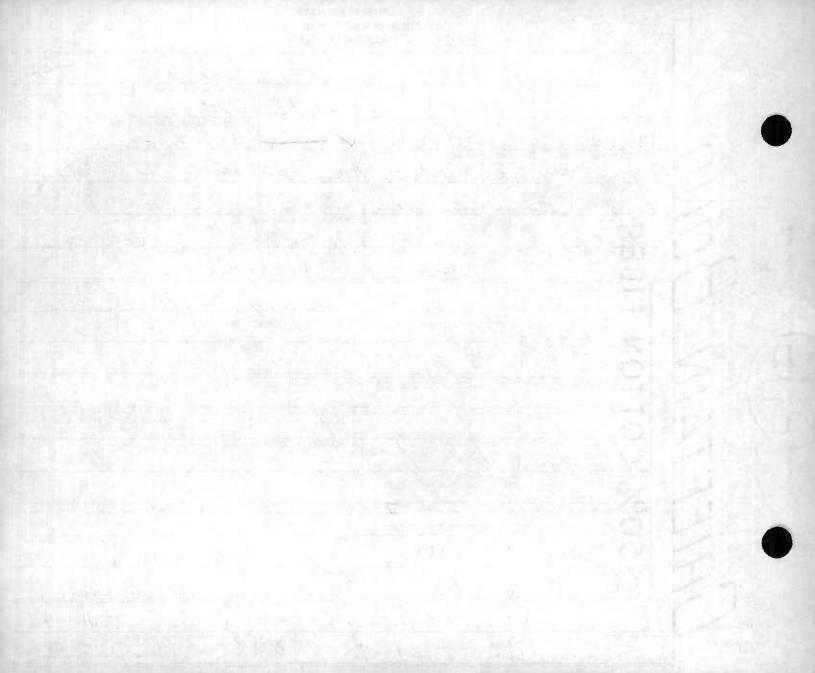
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | uthin |
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| | 1 | | | STATE OF MARYLAND | | , , , , , |
|---|---------------|---|---|---|---|---|
| 1 1/ | 1 | FOR STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 3 2. U | 0 0 0 3 |
| - X | | CEASED NAME RIGH | | WILEIS | 20. DATE OF DEATH - 28-8% | AY YEAR 26. HOUR |
| A pe | | ICICK | ird S | Willis | 3 28 | 382 10 Pm |
| 4 mo | 3. SE | ×Male | 4 RA Caucasian | 5. DATE OF BIRTH | | FUNDER LYEAR FUNDER 24 HRS |
| ge 4 | Y | nale | Caucasian | May 3 1938 | 43 YRS | ONTHS DAYS HOURS MIN. |
| od . | Fa. B | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8 MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY | OF DEATH |
| deoth | | Md. | U.S.A. | WIDOWED DIVORCED | Balto. County | MD, |
| | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI | RSING HOME OR OTHER INSTITUTION | 128 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 20 20 20 | | altimore | Franklin So | quare Hospital | Assoc. Engine | |
| hou hou | ₩5U 13a | AL RESIDENCE (IF NURSING HOME STATE 136 CO | OR OTHER INSTITUTION GIVE RESIDENCE BE | FORE ADMISSION) | 13e. STREET ADDRESS | |
| filled nould | | Md. | | timore YES NOWEX | 5400 Bangert | Avenue |
| mine mine | 14. F. | ATHER'S NAME | MIDDIE LAST | 15 MOTHER'S MAIDEN NA | AME | 14/4 |
| completely land 2 sh | | Edris | S. Will | lis Kathry | n | Zeller |
| n and co | | WAS DECEASED EVER IN U.S. A | SINE WAR OR DATES | | ADDRESS | |
| | | no | 216-36 | 6-6929 Maria Wi | llis (wife) sam | ne address |
| hysicion copers. | | 18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU | anly ane cause per life for (a), (b), | ond (c).) CAAA . GAA A | 1 ald line | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| g pl bang rem | | | ATE CAUSE (0) | cell Carring on a | c rught rung | |
| orth c cordin n, or moti | | 1629 | DUE TO, OR AS A CONSE | OUENCE OF | V Q | |
| a offer nave | | Canditions, if any, which gove rise to immediate | (b) | | | |
| by the | | couse (01, stating the underlying cause last. | DUE TO, OR AS A CONSE | OUENCE OF | | |
| gned gned burial | | PART 2 OTHER SIGNIFICAN | (c)(CONDITIONS.CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OF CONDITION GIVE | N IN PART 1/a |
| The si | N O | Q DADLAM M | a right non | usal Autula | | IN IN PART HO |
| beer mit. Drior | A | 194 DATE OF OPERATION | 196. CONDITION FOR WH | ICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES, | WERE FINDINGS USED |
| hos hos | CERTIFICATION | | | | YES NOT YES | ING CAUSES OF DEATH? |
| NA: TI hysiciate ronsit Hygi | CER | 210. ACCIDENT WAS UNDERLYING | | 216 HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI | |
| SICIA po ph certific inipliture entol | AL | OR CONTRIBUTING CAUSE OF E | | DAY YEAR | | |
| or A bus | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY | 21f. LOCATION | CITY OR TOWN | COUNTY STATE |
| DING Poor offer the os the osthond marked | 2 | AT WORK NOT WHILE | (AT HOME STREET, FACTORY OFF) | CE, FARM, ETC) | A L | STATE |
| ADIN AF | | 220.1 certify that (1) (this has | attended the deceased fro | m James 11/1 2 19 82 | - 10 March 28, 1 | 9 |
| Sprito Sprito CTOR for of H | | saw the deceased alive a | an telmu any 2 10 nat) view the bady after denth. | opinion, and that in (my) (som) opinion | death occurred on the date and hour | and fram the causes stated |
| DR A bosept. | | 278. SIGNATURE | 2-11 | DEGREE | | 221. DATE SIGNED |
| TAL Cy the XAL D detacle D detacle D detacle D AT: If | | 10 rut XITA | 1 Days | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/29/82 |
| - Some Some | | 224 PHYSICIAN'S NAME (TYP | 7 | 22e ADDRESS | 210 | 14 |
| etorned by to FUNERAL should be dewith the Stort | | LOBERT S | TONE BAXT | 50 Scott A | HAM KO COCKE | YSUILLEME |
| 00,1 | 230 | BURIAL, CREMATION, REMOVA | | 31 NAME OF CEMETERY OR CREMATORY | 23d LOCATION | COUNTY STATE |
| BP | | Burial | | Parkwood | Baltimore | Md. |
| DHMH - 16 50M 1/B1 (VRA 15, 4) | 24 F | Schimunek F | uneral Home | Inc. | TE REC'D. BY REGISTRAR 25% REGISTR | AS SIGNATURE |
| (*17.13, 4) | | 9705 Belair | Rd., Balto. | Md. 21236 M | AR 31 1982 Vainces | Jan / letter |

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| | 1 | | STATE OF MARYLAND |
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| 0, | 1 | FOR - STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 U O 4 |
| / | 1. DE | CEASED NAME FIRST | REG. NO. MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YEAR ZO HOUR |
| th pe | (TYP | E OR PRINTING ARGA | PRET HANES WINTREY 3/25/82 1199 " |
| 4 mo | 1.58 | * La ala | 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DATS HOURS MIN. |
| e Boo | AC B | IRTHPLACE (STATE OR FOREIGN | White Dats Hours Min. 7b. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH |
| eo h. | | OWN VA. | MARRIED NEVERMARRIED DAMINORE CO. MD |
| s offer d | 10.5 | 14 21239 | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL HOME OR OTHER INSTITUTION 11. NAME OF HOME OR OTHER INSTITUTION |
| MARYLAND 2120 red within 24 hours ompletely filled in b and 2 should be fill exomine frout | | AL RESIDENCE (IF NURSING HOME OF | |
| MARYL. | 14 F | ATHER'S NAME | MIDDLE WINTERST REGILET MIDDLE CALLWELL |
| BALTIMORE, cote be execut ystion and copers. Pages I wal. it, the medical | | WAS DÉCEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IVE WAR OR DATES) 234-34-7109 FAM. Y RIZCORDS |
| W. PRESTON ST., of the death certific to the attending ph se remove corbane cremation, or remo | | Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF (c) (DUE TO, OR AS A CONSEQUENCE OF (c) |
| RDS, 20 | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 |
| DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the attending physician. Wher this certificate has been signed to so the burial-transit permit. Then plea the ond Mental Hygiene prior to burial, orked at them 18 shows ony injury, or orked at them 18 shows ony injury, or or | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| SICIAN: ng physiceruficot urial-tron ental Hy | | 216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | |
| VISION G PHYS attending er this c s the bur ond Me | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE |
| DIVIS ENDING P oil or atter oils after the use os the Health one is morked | | | oital) attended the deceased from 1/3/ 19 8/ , to 3/25 , 1982 , that (I) (we) lost |
| AL OR ATTE The hospire AL DIRECTO detoched for the Dept. of T: If hem 21 | | sow the deceased alive on obove. (I) (we) (did) (did no 22b. SIGNATURE | n |
| TO HOSPITAL efaured by the TO FUNERAL should be deto with the Store I was MADORIANT; It | | PHYSICIAN'S NAME (TYPE OF | |
| 000 CBP | 23a | BURIAL, CREMATION, REMOVAL | 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CONTINUE STATE ME STATE |
| DHMH-16 30M 2/80 | 24 F | UNERAL DIRECTOR | 250 DATE REC'D. BY REGISTRAR 234 BEGISTRAR'S SIGNATURE |



| 8 | 0 | 1. | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE S Z 0 5 5 5 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | |
|----------|---|---------------|--|-----------|
| | | JIYPE | TEASED NAME FRST MIDDLE 126. DATE OF DEATH MONTH DAY YEAR 126 HOUR OR PRINTS GLADXS MANTHA WOLF MONTH 28, 82 122 | 0, |
| | ige 4 jut | 3. SE | -emale White Feb. 13, 1907 6 AGE (INVERTS LAST BIRTHDAY) IF UNDER I VEAR IF UNDER 24 HI MONTHS BATS HOURS MI | RS IN. |
| | neral du in 72 hau | 10. B | RTHPLACE ISTATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH OUNTRY) 1 Avy Land U.S. A. WIDOWED DIVORCED BALTIMORE Co. | WE |
| | by the furtiled with | 10 C | ANDALISTOWN OF DEATH 1) NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOUNG LIFE) INDUSTRY HOUSEWIFE 121 HOUSEWIFE 122 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOUNG LIFE) INDUSTRY | OR |
| ANDZIZ | filled in rould be must be | 130 S | L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE TATE TO BE | 0 |
| MAKTL | ompletely ond 2 sh | 14 F.A | August MODIE KAUFFMAN Gertride MODIE Holland | |
| IMORE, | n and co Poges I | | AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 19 INFO | |
| T., BALI | physicio p papers on papers emoval. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA: IMMEDIATE CAUSE (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA: | ЕН |
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| KDS, 20 | equires t n signed Then ple r ta burio injury, or | NOI | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | |
| AL RECO | he low r | CERTIFICATION | 196. DATE OF OPERATION 1976. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | |
| 40 | ICIAN: T g physics entificate iol-transi intol Hyg fem 18 sh | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IN EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 | |
| NOSION | offending offer this of sthe burner ond Me | MEDICAL | 21d INJURY OCCURED 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STATE AT WORK | |
| | TTENDIN putol or TOR: Af for use o of Heoltl | | 22a.1 certify that (1) (this hospital) attended the deceased from 1 2 19 2 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| | AL OR A the hos AL DIRECted efoched te Dept. | | 278. SIGNATURE DEGREE DEGREE ATTENDING MEDICAL STAFF 3-28-82 | _ |
| | FUNER PUNER | | 27d PHYSICIAN'S NAME (IVE ORPRINI) CHASSEM POUR MOTABBED Balt. Co. Gen. Komital | |
| | 0 % 0 4 5 % | | 1 21/10/05/10/05 | _ |

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| ESTHER STEWART WOOD MARCH 27,1982 S. DATE OF BIRTH SCOUNTY, 1880 S. AGE (INVERSIALS) BRIDDAY) S. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR TOWN OF DEATH COCKEYSVILLE COCKEYSVILLE STATE BALTIMORE CITY OR TOWN OF THE RISTITUTION OR THE RISTITUTION OF THE RISTITUTION (SMOT) IN SUCH INCLUSIVE COUNTY OF TOWN MARYLAND MASONIC HOME BALTIMORE CITY OR COUNTY OF DEATH BALTIMOR CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OR | |
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| ESTHER STEWART WOOD MARCH 27,1982 1. SEX Female White Sept. 11,18808 1. On the september of the septem | 0 0 |
| SEX Female White Sept. 11,1886 Female Birthplace (State of Pose of Maryland Wildows of Wildows of Maryland Wildows of Wild | HOUR . |
| Female Female White Sephil 117,18808 101 VRS DAYS PRODUCT | 1:03 |
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| Maryland USA Maryland USA Middle Divorced D | |
| DESIGNATION OF DEATH Cockeysville Cockeysv | , |
| Maryland 136 STATE 136 STATE 136 CUTY CRIOWN 136 STATE | IUSINESS (|
| FIRST Charles Cromwell Stewart Charles Cromwell Stewart Esther Bell | s |
| PART I. DEATH WAS CAUSE DE DEATH (Enter only one couse per la for M. (b. ond ic.) PART I. DEATH WAS CAUSE DE DEATH (Enter only one couse per la for M. (b. ond ic.) PART I. DEATH WAS CAUSE DE DEATH (Enter only one couse per la for M. (b. ond ic.) PART I. DEATH WAS CAUSE DE DEATH (Enter only one couse per la for M. (b. ond ic.) PART I. DEATH WAS CAUSE DE DEATH (b. ond ic.) PART I. DEATH WAS CAUSE (b) OUE TO OR AS A CONSEQUENCE OF Underlying couse lost PART DEATH (C. ond ic.) OUE TO OR AS A CONSEQUENCE OF Underlying couse lost PART DEATH (C. ond ic.) OUE TO OR AS A CONSEQUENCE OF Underlying couse lost | |
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| No or of the presentation was underlying 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enternature of injury in item 18 part 1 or part 2) | |
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| OF DESCRIPTION OF CAUSE OF DEATH OF DEA | STATE |
| sow the deceased alive on obove. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| PHYSICIAN DIRECTOR PHYSICIAN DIR | 10 - |
| Walter Karfgin, M.D. Cockeysville, Md. 21030 | |
| 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION | |
| Burial Mar. 30,1982 Lorraine Park Woodlawn, Balto. Co., 1 | Md. |
| 24 FUNERAL DIRECTOR 6500 YORK Rd 250 DATE RAW D REGISTRAR 250 REGISTRAR 251 REGISTRAR | E Mar |

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 3 | lin | U | 6 | 3 | ó | |
|---|----------|---|---|---|---|--|
| | REG. NO. | | | | | |

| - | | + STATE REGISTRAR | CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|--------------|---|---|---|------------|------------------------------|---|--|--------------------|--|--|
| - / | | ECEASED NAME FIRST | WIDDLE | i. | AST | 20. DATE OF DEATH MO | NTH DAY YEAR 26 HOUR | | | |
| | | Amas | P. WRIGH | CIT | R. | MARCH 19 | 9 1982 | M | | |
| | 3. SI | EX | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDA | | | | |
| - | 1 | MALS | WHITE | _ | UST 9 1923 | 58 | YRS. MONTHS DAYS HOURS A | MIN. | | |
| IK Z | 7a E | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY OR C | | | | |
| EVI | 16 | PARYLAND | U. S. A. | WIDOWE | | BALTIMOR | & LOUNTY | MD. | | |
| 18- | 10 0 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO | | SOR | | |
| EX. |) 4 | ARKVILLE | 8710 Wilso | n A | 15. | | T PRODUCTS | | | |
| Set b | 13a | JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | | |
| E)- | 16 | | LTO. PARKVILL | 3- | YES NO W | A 5mm | SON AVI. | | | |
| SE T | 14 F | FATHER'S NAME | MIDDLE LAST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | TAST . | | | |
| <u>/ (1)</u> | 1 | Amos P. | WRIGHT, S | R. | ELSIE | | Robinson | | | |
| dico | | WAS DECEASED EVER IN U.S. ARI | MED FORCES? 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRESS | | | | |
| e me | | 422 M-6 | U.II. 215 14 | 0735 | +AMIL' | 1 RECORDS | | | | |
| ŧ. | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one cause per line far (a), (b), on | d (c).) | 1-1 | 1 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA | ATH | | |
| @ < | | | ECAUSE (a) Caule | ney | o cardeals | ufar cotron | munt | es | | |
| notic | | 4100 | DUE TO, OR AS A CONSEQUE | | | V | | | | |
| trou | | Conditions, if any, which gave rise to immediate | (b) HASC | D | | | iges | | | |
| ther | cause (a), stating the underlying cause last. | | | | | | | | | |
| 0.0 | | | (c) | | | | | | | |
| ijory. | Z | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO E | 12 | 1 | 0 | ON GIVEN IN PART 110 | | | |
| in V | ₹ ¥ | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | | NWAS PERFORMED | | b. IF YES, WERE PINDINGS USED | eg. | | |
| Sws 7 | CERTIFICATION | | | | | | CERTIFYING CAUSES OF DEATH? | ? | | |
| 18 sho | 1 8 | 21a. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OCCURR | | | | | |
| | | OR CONTRIBUTING CAUSE OF DEA | | AY YEAR | | | | | | |
| ed or Item | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | ZII LOCATION | | | | | |
| ked | Z | WHILE NOT WHILE AT WORK | LAT HOME, STREET FACTORY, OFFICE, F | ARM, ETC) | STREET | CITY OR TOWN | COUNTY STATE | TE. | | |
| E S | | | tal) attended the deceased fram_ | 5 | 118 19 76 | _, to3//3 | 19 82, that/(I) (we) |) lost | | |
| 21 55 | 12 | saw the deceased alive on abave (1) (we) (did) did not | 3/13/8 19 | , an | d that in my (aur) apinian d | leath accurred on the date o | and hour and from the causes stated | | | |
| If Item | | 176 SIGNATURE | O a C |) [| DEGREE | / | 226. DATE SIGNED | | | |
| | | Allan X - | well 21 | us | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 17 3/23/8 | 2 | | |
| TAN | | 22 d. PHYSICIAN'S NAME (TYPE OF | | | 22e ADDRESS | | | | | |
| MPORTANT | | ALLAN S. | PRISTOOP | | 2724 00 | RTH CHAR | IES STRIFT | | | |
| > | 23a. | BURIAL, CREMATION, REMOVAL | | NAME OF CE | METERY OR CREMATORY | 23d LOCATION | | | | |
| | 1 | BURIAL | 3-23-1982 1 | TT. 0 | LIVET CEM. | BALTI MORE | COUNTY MARY AND | IE O | | |
| | 24 F | UNERAL DIRECTOR | 1 1 1 1 1 1 1 | | | REC'D. BY REGISTRAR 256. | | | | |
| /81 | | NAME | A Debre | | | | The state of the s | To division in the | | |

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

WRIGHT ERNEST 3 26 182 1:504 BLACK MALE 75 48 BALTIMORE COUNTY TOWSON GBMC-6701 N. CHARLES ST. CARDIORESPIRATORY ARREST METASTATIC CA TO LUNG CA OF PROSTATE 82 3-26 82 2-23 3-26-82 GBMC-6701 N. CHARLES ST. K.S. UBEROI, M.D.

Lighted The State of Land Land Control Control December 1985

CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) 55 SEX 4 RACE A AGE / IN YEARS LAST BIRTHDAYS IF UNDER 24 HRS IF UNDER I YEAR YEAR LISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAWVER WSO 136 COUNTY 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (a)_ Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) PM 10 21d INJURY OCCURRED 20 21e PLACE OF INJURY 211 LOCATION OFFICE, FARM, ETC) CITY OR TOWN COUNTY LAT HOME STREET, FACTO STREET STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceosed plive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bad 226 SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL be deto e State [MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Mitchell-Wiedefeld Home-6500 York Rd. 21212 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | CERTII | FICATE OF DEATH | REG. N | 0 | | |
|---|--|----------------------------------|------------------|-----------------|--|---|-------------|--------------------------|-----------------|
| | CEASED NAME FIRST | V N S S | MIDDLE | | LAST | | | DAY YEAR | 2h HOUR |
| | FREDERICK | | | | UNG, JR. | March 1, | 1982 | | 7:15a M |
| 3 SE | SEX 4 RACE | | | | OF BIRTH | 6 AGE (IN YEARS LAST BIR | THDAY) | MONTHS DATE | IF UNDER 24 HRS |
| | Male | W) | hite | Feb | . 24, 1916 | 66 | YRS. | MONTHS DATS | HOURS MIN. |
| Pa B | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | 0 | D NEVER MARRIED | 9 BALTIMORE CITY | | Y OF DEATH | |
|] | Maryland | USA | 1 | WIDOW | | Baltimore | Coun | ty | MD |
| | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | 126. KIND O | OF BUSINESS OR |
| Fu | ossville 21237 | | lin Square | | pital | Dispatcher | | | Company |
| 13a | AL RESIDENCE (IF NURSING HOM) STATE Bryland Bal | | ISC CITY OR TOW | | 13d INSIDE CITY LIMITS? YES NO | 130 STREET ADDRESS 1504 Gale | | | |
| 14. F | ATHER'S NAME FIRST Frede | rick Your | last ng | | 15. MOTHER'S MAIDEN NA | ME Anna Moseda | le | LA | ST |
| | WAS DECEASED EVER IN U.S. | ARMED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | SS | | |
| | YES NO OR UNKNOWN) (IF YES. | | 216 07 | 5898 | Laura Young | Same | | | |
| 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Cardiac Arrest; Sepsis; Kidney Failure; DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 | | | | | | | | | |
| CERTIFICATION | 190. DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES | S, WERE FINDI | NGS USED |
| E | 1/20/82 | Basel | Cell Tun | nor C | hest Wall | YES NO | | YING CAUSES | NO [] |
| MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION O | DEATH HOUR A. NER) P. 21e. PLACE | M. MONTH DA | 19 211 LOCATION | | | | COUNTY | STATE |
| | 270.1 certify that (this has sow the deceased alive above, (we) (did) (did) | on March | 19 | 82 01 | ry 16 , 19 82 nd that in (1/4) (our) opinion of DEGREE | , to <u>March 1</u> deoth occurred on the do | ote and hou | 19 82 or and from the | |
| | Cory J | Laule | | | ATTENDING PHYSICIAN | MEDICAL STAN | | 3/ | 1/82 |
| | | y J. Law | | | 9000 Frankl | in Square D | rive 2 | 21237 | |
| 23a I | BURIAL, CREMATION, REMOV | | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| - | Durial | 3-4-8 | 4 Ho | llv | Hill Mem. Garde | nk Ral+4 | mana | Country | M |

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injury, or other troumotic event, the

should be detached for use as the buriol-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by chauld be detached for use as the buriol-transit permit. Then please

FOR

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Old Eastern Ave AT 3 1982

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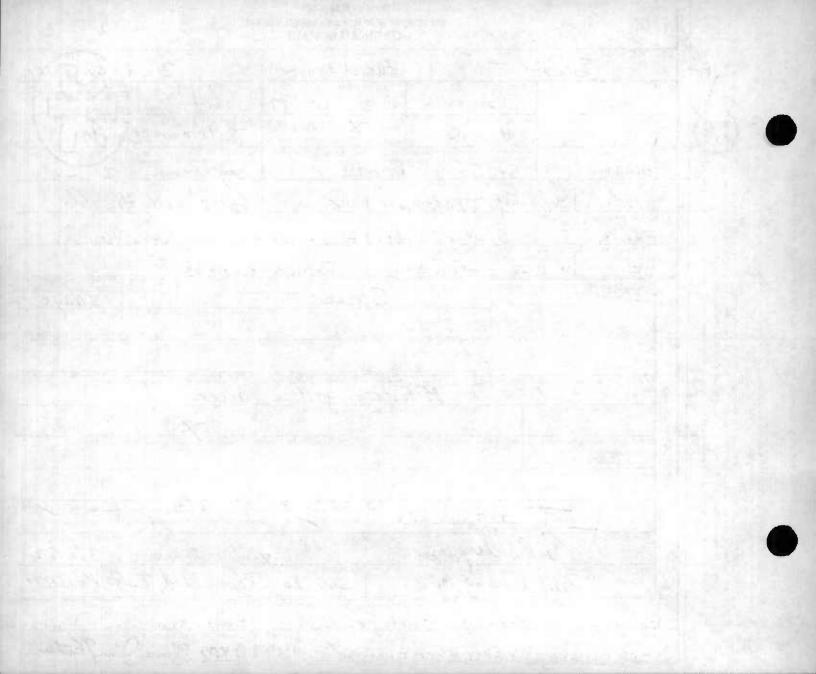
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| 3 | FC 1- ST | R | 8a-22a F | ilm G566 | 4/6/8 DEPART | 2 TOSTATE OF HEA | F MARYLAI | ND ENTAL HY | GIENE; | | 0 6 | 7 | |
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| | | GISTRAR | | ME | DICAL | EXAMINER | S CERTIFIC | CATE OF | | REG. NO | | ., , | |
| M | 1. DECE | ASED NAME | FIRST | | WIDDLE | | LAST | | 1 Or | | | DAY YEAR | 2b. HOUR |
| | 3. SEX | 14 | J. | S. DATE OF BIRTH | Otis | 6 AGE (IN YEARS | Young | IF UNDER 24 | | H MATED | HTHOM | 22 19 82 DAY YEAR | M MOUR |
| | Mal | | White | 3 19 | YEAR 16 | | ONTHS DAYS | HOURS N | AIN. PRONC | UNCED AD | | 22 1982 | 1 1:00 |
| | | HPLACE (STA | TE OR | 76. CITIZEN OF W | | UTPV2 IR | ARRIED X NE | TATE ALL PRIED | 9. BALT | IMORE CITY O | | | 1 U . M |
| 3 | | ginia | | U.S.A. | | | OWED D | DIVORCED | Ba | altimore | Coun | tv. | |
| | | OR TOWN O | F DEATH | 11. NAME OF HO | | JRSING HOME, OR | | | 2a. USUAL OC | CUPATION (TYPE | | 26. KIND OF BU | JSINESS |
| 1 | | Towsor | | | indon | Road | | | FOR MOST OF V | orking (ife) | | OR INDUST | |
| | 13a STA | RESIDENCE (** TE Md. | 13h COUN | BA 140 | 13c. CITY | E BEFORE ADMISSION) Y OR TOWN WSON | 13d. IHSIDE C | CITY LIMITS? | SE STREET ADD | RESS Brandon | Road | Supp] | lies |
| 1 | | ER'S NAME | | WIDDIE | | | IS. MOTH | IER'S MAIDEN | | | | | |
| 1 |) Wi | 1liam | | WIDDLE | You | n g | | inie | | MIDDLE | Ma | son | |
| 1 | 16a. WA | | EVER IN U.S. AR | MED FORCES? | | CIAL SECURITY NO | | | | ADDRESS | | | |
| ı | | es | (IF YES, GIVE | WAR OR DATES) | 075 | -05-7598 | Mrs | . Beul | lah B. | Young | Т | owson, | Mđ. |
| | | | | ly one cause per lin | | | | , Dour | <u> </u> | 100119 | | APPROXIMAT | EINTERVAL |
| | | PARTIDEA | TH WAS CAUSE | D BY: | 7 | hot wound | of Che | et (h | andgun) | | | BETWEEN ONSE | T AND DEATH |
| | | 950 | IMMEDIA | TE CAUSE (a) | | NSEQUENCE OF | OI One | 20 (11 | anugun) | | | | |
| | | Conditions | , if any, which | DOE 10, 0 | N AS A COI | NSEQUENCE OF | | | | | | | |
| | - | gave rise | to immediate | (b) | | | 1 | | | | | | |
| | | cause (a) s lying couse | toting the <u>under-</u> | DUE TO, O | R AS A CON | NSEQUENCE OF | | | | | | | |
| | | 17.119 0000 | | (c) | | | | | | | | | |
| | | ART 2 OTHER SIGN | HEICANT CONDITIONS | CONTRIBUTING TO DEAT | BUT NOT RELI | ATEO TO THE TERMINAL C | SEASE OR CONDITIO | IN GIVEN IN PART I | (0), | | | | |
| 4 | 은 _ | a. DATE OF C | DEPATION | In cour | 1710111500 | WHICH OPERATIO | | | | | | | |
| | ICA | O. DAIL OF C | DERATION | 196. COND | IIION FOR | WHICH OPERATIO | N WAS PERFOR | KWED? | | | | 20 AUTOPSY | ? |
| 4 | CERTIFICATION | EMAEQ: 1: | CAMPENIA | | | | | | | | | YES XX | NO 🗌 |
| | | DERLYING | CAUSEWAS | 21b. TIME C | OF INJURY M. MONTH | DAY, YEAR | | | | INJURY IN ITEM 18 P. | ART 1 OR PART | 2) | 100 |
| > | 5 C | ONTRIBUTING | G CAUSE OF | DEATH 11:00 | a. 3/ | 22/182 | Subject | Shot 1 | himself | | | | |
| | 21 | d. INJURY OC | | 21e PLACE | OF INJURY | (AT HOME. 21 | LOCATION | | | | | | |
| | X V | T WORK | NOT WHILE AT WORK | STREET, FA | ome | ric.j | 211 Bra | andon R | d. Tow | son B | alto. | "Co., 1 | Id. STATE |
| | | 22a I certify | that I took charg | ge of the remains de | scribed pbo | ove, held an A | otopsy XX. | Inspection [| , Inqui | ry . one | d in my apin | ion | |
| | | deoth resulted | from: Natu | rol causes , | Accident | , Suicide | X , Hamie | cide . | Undetermined | manner , | | | |
| | 14 | | 11 | 1 | 0 | | TITLE (S | SPECIFY) | | | | | |
| | | CTUAL GNATURE_ | Vugn | ua L | Dola | _ | M.D. AS | sistan | MEDICAL EX | AMINER | DATE SIGNED. | 3-24- | -82 |
| > | = - | 4 A A A B (FRIC.) | | | D . | | | | | | 0.0 | | |
| 1 | (T | (AMINER'S N YPE OR PRIN | T) | ginia L. | | | ADDRESS_ | | Penn St | | | | |
| | 23a.BUR (SPEC | (FY) | ON, REMOVAL | | | NAME OF CEMETE | Y OR CREMATO | ORY | 23d. LOCATION | 1 | COUNTY | 51 | TATE |
| | | Remo | | 3/22/8 | 2 | | | | | | | | |
| | | ERAL DIRECT | OR | ADDRES | s | | | | | RAR 25h REGIS | TRAR'S SIC | A DURE CO- | |
| İ | An | atomy | Board | Bal | to., | Md. | | MAR 3 | 1 0 148/ | Parce | 0 | | |

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Figurery Board | Balton ; Md.

STATE OF MARYLAND



should be detached for use as the burial-transit permit. Then please remare carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

| NE | -3 | 7 | 0 | 6 | |
|----|----|--------|----|---|--|
| | | 614 | 67 | | |
| | | DEC NO | | | |

| | 1- | FOR - STATE REGISTRAR | | DEPARTM | | IEALTH AND MENTAL HYG | REG. N | 0 | 6 | 13 |
|---|---------------|---|-------------------------------------|-------------------------|-------------------------|---------------------------------|--|--------------------------------|---------------------|-------------------------------|
| | | CEASED NAME FIRST | MIDDLI | | L | AST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | | Florence | | ZU | DEM | Α | | 3- 6 | 82 | 7:00 AM |
| | 3. SE | x Female | Cauc. | | S. DATE C | | 6. AGE (IN 845 LAST BIR | | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| 3 | | Virginia | TE CITIZEN OF WHA | | MARRIEI WIDOWE | D NEVER MARRIED DIVORCED | 9 BALTIMORE CITY C | OR COUNTY O | | MD. |
| 8 | Т | lowson | | Joseph | DDRESSI F. | Nospital | 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUS | ION | 126 KIND O | F BUSINESS OR |
| 5 | 13a. S | AL RESIDENCE (IF NURSING HOME OR 13b COUN Bal | TY 13c | CITY OR TOWN Parkvi | 4 - | 13d. INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS HI | ghpoin | t Rd. | 21234 |
| 0 | 14 FA | Charles | MODLE | Barden | | Josephin | | | Gree | n en |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 16b. E WAR OR DATES) 2 | SOCIAL SECUR | 70IL | 17 INFORMANT | a Chenowe | | ame) | |
| | NC | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS (c) ONDITIONS CONTR | | | | Lio Scle | | N DIN PART LIC | surg |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION | FOR WHICH C | OPERATIO! | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFYIN | VERE FINDING CAUSES | IGS USED OF DEATH? |
| 1 | MEDICAL CER | 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e PLACE OF IN | A. MONTH DAY YEAR A. 19 | | | | | 1 OR PART 2) | STATE |
| | | 270.1 certify that (a (this hospith saw the deceased alive on above, (h) (we) (and) (did not 27h. 5/GNATURE | | | death occurred on the d | | | | | |
| | | 22d PHYSICIAN'S NAME (TYPE OR | L. PA | TRI | 40 | 22e ADDRESS | old Sprin | | Bal | to., Md. |
| | 23a B | Removal Removal | 236 DATE 3-7-198 | | | EMETERY OR CREMATORY Lawn | Noriol | | OUNTY | irginia |

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

ATTENDING PHYSICIAN: The

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR W.Jenkins&Sons

ADDRESS 4905 YorkRd Balto,Md.21212

Norfolk MAR 9 1982

Florence E Suidero 2- 6 88 7:00 33 sale Gaue: hey 2 9 Toward Led tono F at Heecl. D. delaning . D. delaning . Odfull . Odfull . Odfull . Odfull considered nebral meteral (engl) successed hereafters - thoras Lang. A CONTROL OF THE PROPERTY OF THE SERVICE AND ADDRESS OF THE PROPERTY OF THE PR Throne to the state of the stat Harry Committee Some Heat of Tale . Harry